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The American Journal of Clinical Medicine

(THE ALKALOIDAL CLINIC)

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VOL. 13 FEBRUARY, 1906 NO. 2

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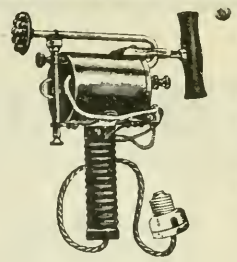

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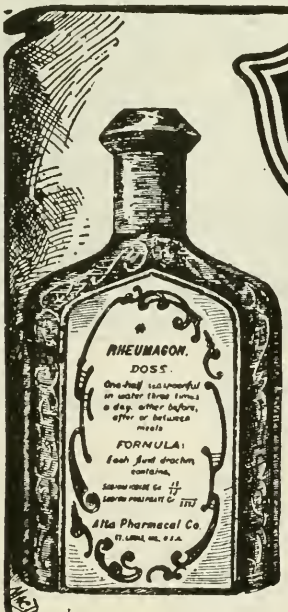

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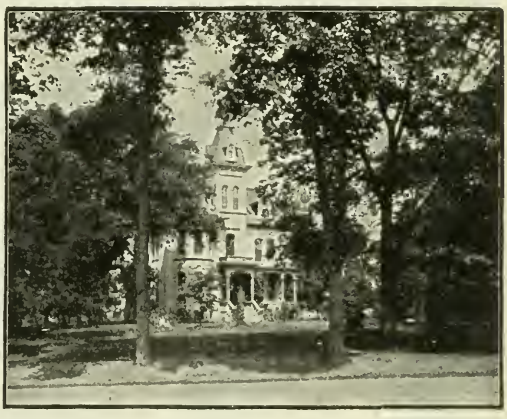

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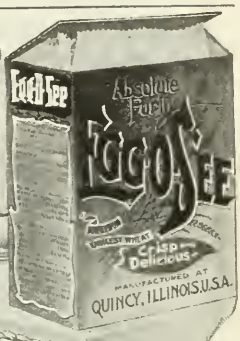

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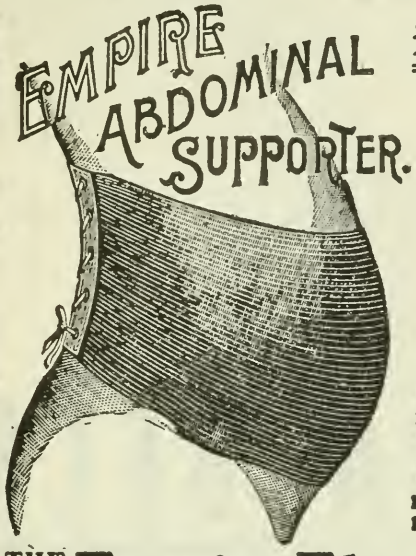

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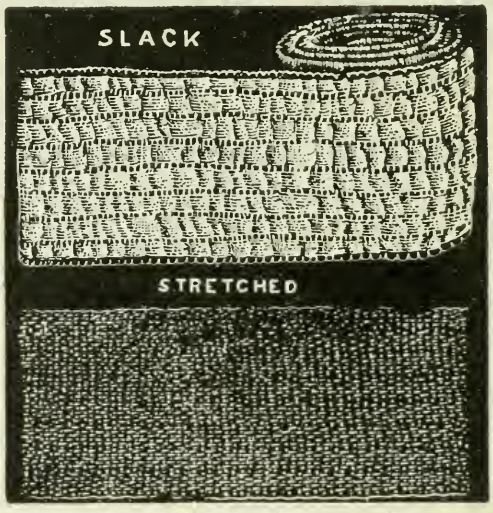

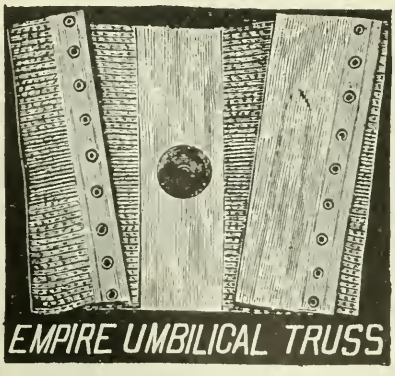

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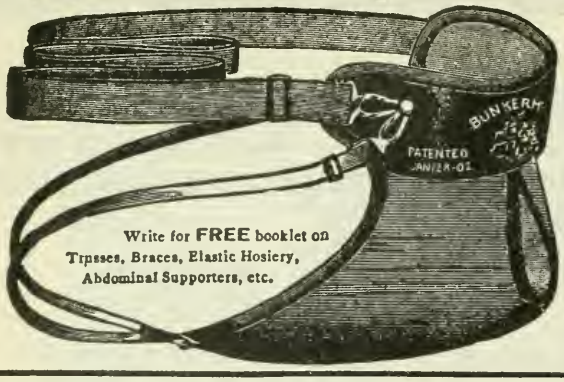

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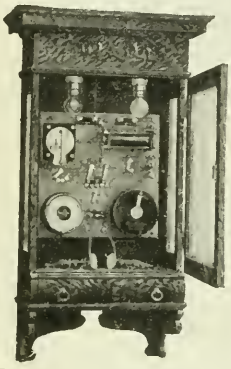

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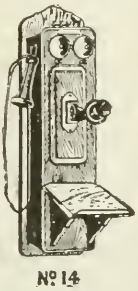

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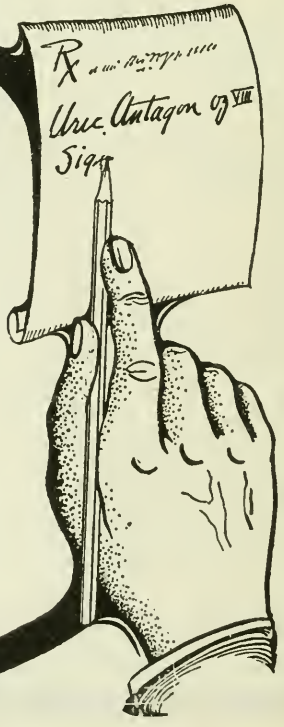

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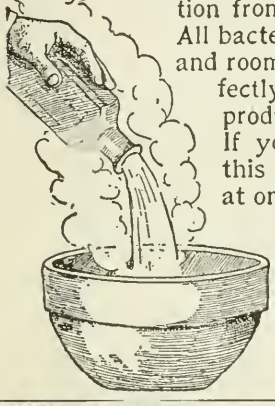

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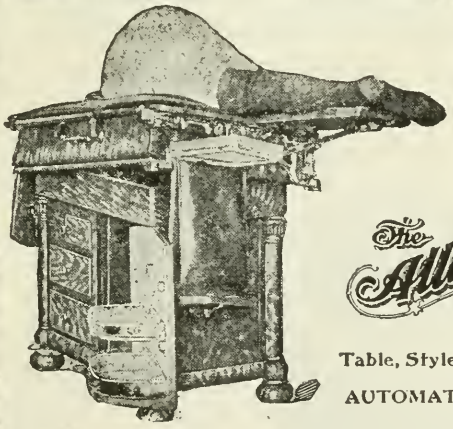

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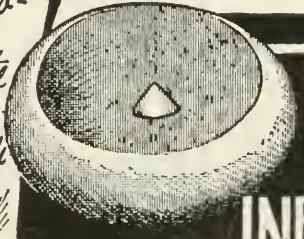

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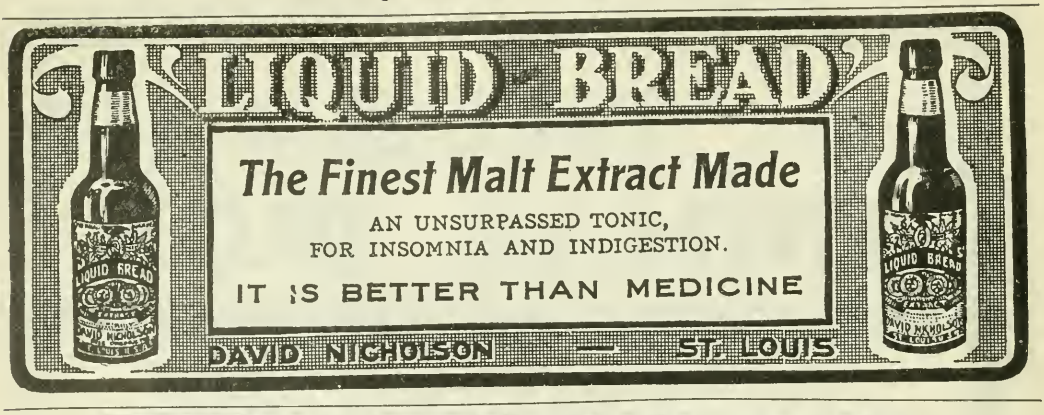
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(*Editorial, Chicago Tribune, September 29, 1904.*)

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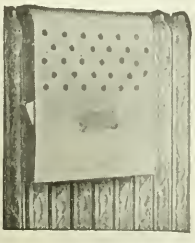

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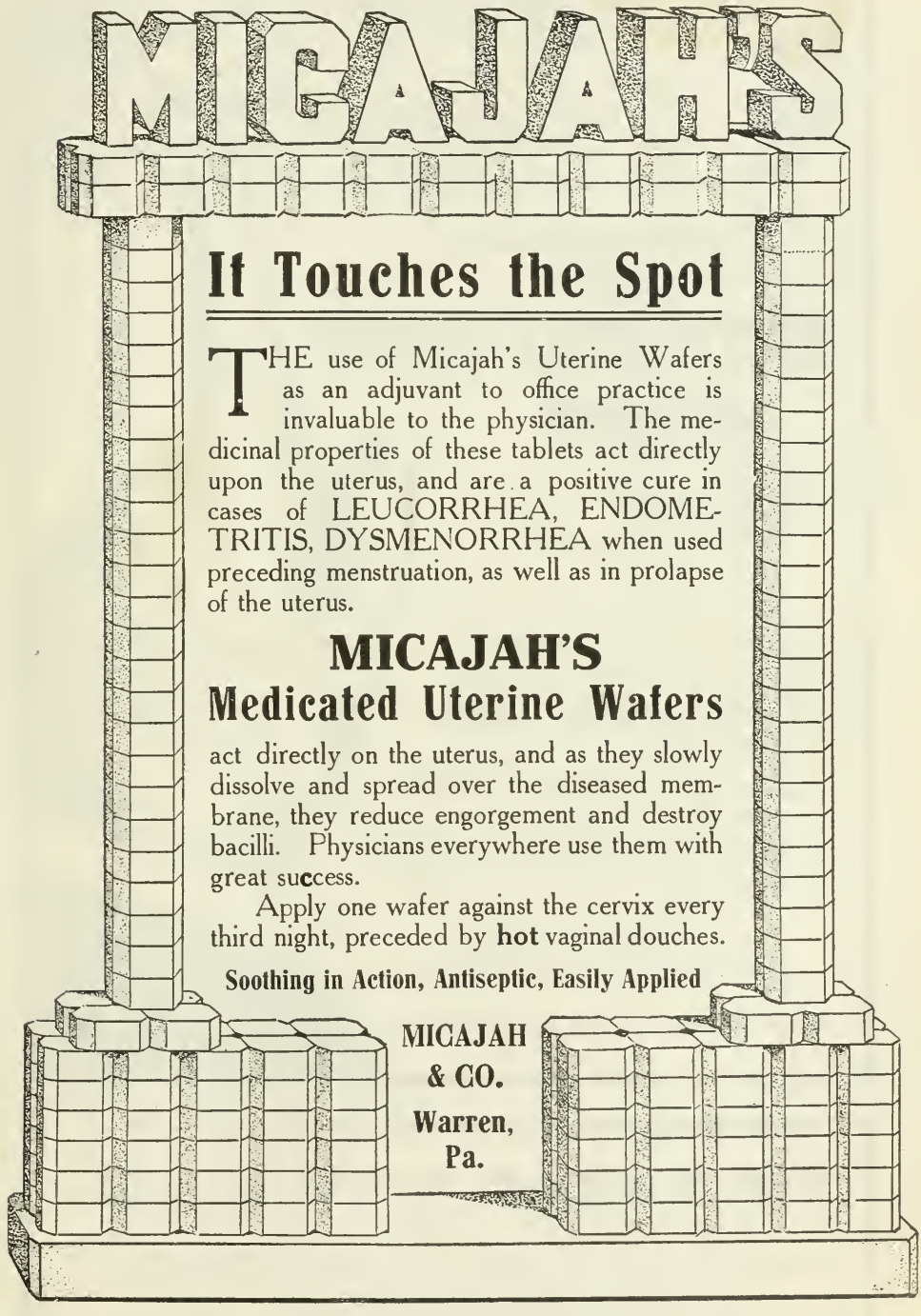

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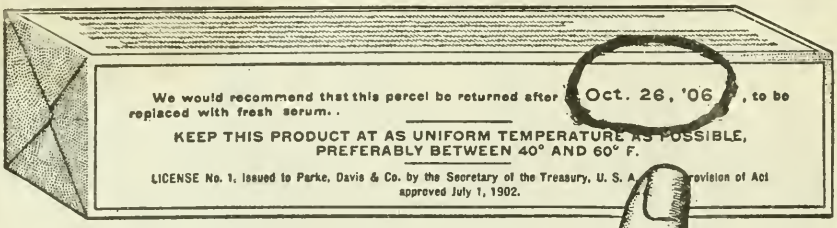
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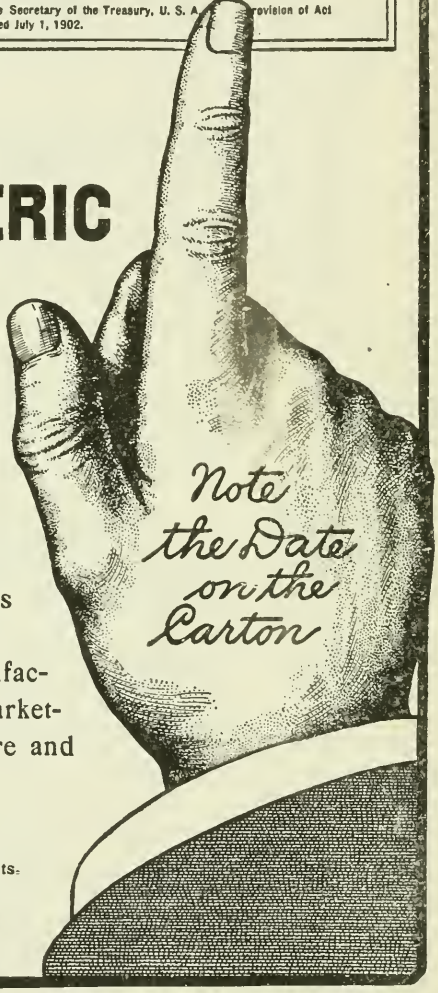

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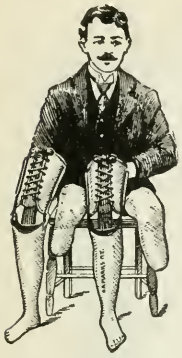

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The AMERICAN JOURNAL of CLINICAL MEDICINE
(THE ALKALOIDAL CLINIC)
Vol. 13. FEBRUARY, 1906 No. 2.

A SUCCESSFUL TREATMENT FOR EPILEPSY.

ELSEWHERE (See Leading Articles) will be found outlined a treatment for epilepsy which has by a somewhat extended clinical test, proved remarkably effective. Built as it is to a great extent upon the idea we have so long and earnestly advanced, the removal from the body of such toxic matter as already exists and the prevention of its further formation by securing normal metabolic activity, we naturally feel that once again active-principle medication has proven itself preeminently the remedial method of medication.

Epilepsy, from time immemorial, has baffled the physician; the best minds have failed to devise means for its cure because, heretofore, the underlying condition has not received attention. Clinicians have attempted to treat a disease in its manifestation instead of attacking the original cause.

Upon reading the article in question, which is directly along the line of our own experience, one is struck by the extreme simplicity of the treatment—the rational selection of the right remedy for the condition present. It seems almost preposterous that no one has succeeded in "putting two and two together" so simply and plainly before, but after all, the physician cannot successfully treat an unknown condition and only recently have we become fairly familiar with that complex substance, lecithin.

As our physiological knowledge increases so our capacity for controlling pathological complications becomes enhanced; and the positive therapeutist of the future will no more think of exhibiting a drug without knowing just why he gives it and what its effect will be upon the system (or any particular selective part thereof) than the chemist would add an unknown substance to a formula, expecting a definite result.

Epilepsy has served to baffle physician, surgeon and charlatan alike for the simple reason that none knew why the seizures should occur at intervals without any apparent cause or premonitory symptoms of bodily disturbance. That the introduction into the body of certain toxic substances would be followed by muscular spasm and loss of consciousness was known, and it was also understood that abnormal excitation of the brain or nerve centers would produce epileptiform convulsions..

The possibility of the production in the body (and by natural processes) of a toxic leucomain capable of producing, when present in sufficient quantity, the typical epileptic symptoms was not considered. The metabolic processes were

an impenetrable mystery and as long as this veil obscured the sight of Science the physician had, of necessity, to treat the disease empirically.

Just this limitation has caused medicine to "halt," while surgery, dealing with a visible definite entity, has made much gigantic strides; and the knowledge that he labored under this limitation has of late caused the earnest clinician to spend long hours in the laboratory and urge on both chemist and physiologist to greater efforts.

The era of Scientific Medicine has at last dawned and, with a clearer insight into the vital processes, the therapeutist is enabled to exhibit the right remedy for an abnormal condition as surely as the engineer can repair a break in his intricate machinery.

That the probable cause of such a fell disease as epilepsy should be finally discovered is cause for gratification and that, divested of its mystery, the disorder should prove of a comparatively simple nature and amenable to well-understood methods of treatment, is even more satisfactory; but CLINIC readers will probably take most pride in the fact that it has remained for one of their number to "make plain the way" and to active-principle therapy to provide the definitely acting remedial agents to relieve and cure a hitherto obdurate and definite pathological condition!

Time alone will reveal the full efficacy of the treatment. The word "epilepsy" embraces widely-differing conditions and even with our present knowledge we are, of course, and ever shall be, unable to restore tissues which have changed or renew cells which have become atrophied. The old epileptic, with his impaired mentality, can hardly be benefited, much less cured, but we have before us the possible power of putting an end to the disease in its very beginning, or of staying its ravages before the damage has become irreparable.

Moreover, as we have repeatedly pointed out, there can be no "royal road" to the cure of any disorder, for the simple reason that the conditions which prevail in one case are absent in the next; but, once we know what we have to deal with, we shall find the means which have before proved effective just as efficient again. Certain modifications may be needed (Were this not the case the physician would soon become but a machine, measuring out and exhibiting the remedies he has been taught are to be given in certain cases.) and results may be longer delayed in one case than in another; but, as a whole, the intelligent physician with this knowledge before him will be able to treat his cases of epilepsy with success—something which hitherto was practically impossible.

Experience may prove that there are better remedies than those now suggested; so much the better, for if with these agents we can obtain the results which have been secured, with superior weapons we shall be able to drive the foe from the field to stay.

We cannot leave the subject without again calling attention to the fact that the whole basis of successful treatment rests upon a knowledge of the cause of the disease. To be good therapeutists we must be good physiologists, and before we give a dose of medicine we must

---

Nothing is so weak and yielding as water and yet nothing is so strong for breaking down.—Laotze.

Where we find it impossible to advance an inch we may always retire a foot.—Laotze. And how much easier!

know just why we do so and what we expect to accomplish.

We know at last the conditions which when present in the body cause the group of symptoms we call epilepsy; our knowledge of the physiological action of drugs enables us to select the remedies which will restore normal equilibrium. The matter of exact dosage and individual treatment must rest now and always with the physician himself.

That the bromide treatment, which merely obtunds nerve sensibility, is a failure we all must admit; that the treatment outlined in this issue is successful in a great majority of cases (of a truth *in every one* thus far presented) is a fact that is worthy of your most careful attention. We have been personally engaged with the author in these studies and know whereof we speak.

TO WHOM DOES THE PRESCRIPTION BELONG?

We have had occasion, many times, to voice our sentiments on the subject of "the ownership of the prescription." It is our emphatic opinion that it is an order *by* the doctor *to* the pharmacist to do so and so *for him* in the interest of his patient, who pays the doctor a fee for his knowledge and advice, and the pharmacist for what he dispenses; the order being for this time and occasion only, and is to remain *in trust* in the hands of the pharmacist, accessible to *himself and the doctor only,* as evidence of what the doctor ordered and what he, the pharmacist, dispensed.

Legal rulings are not always right and law is not always justice, and unless this matter is soon settled as it should be we shall make a test case of the point and see what good, unbiased law has to say on this subject.

Meanwhile, we advise that you see to it that your druggist is not so anxious for the dollar as to abuse your confidence in this respect—returning the prescription to your patient, as some do; giving a copy on request, as many do; or repeating without your order, as most do; none of which any should do. To do either, any or all is unfair, unjust, unethical; and the doing of these and kindred things is what is forcing the doctor, in self-preservation, to dispense for himself.

A large retail pharmacist, in one of our principal cities, recently told the writer, as an evidence of business acumen, that they had a record of over a million prescriptions, *the original of every one of which had been returned to the patient,* and that they were constantly being refilled, not only at his pharmacy but all over the world; a simple prescription for bromide and water having that day been returned for refilling that was several years old, and that had traveled from country to country more than to go around the world—belonging to a bromide habitué no doubt.

This was told by an honest, earnest business man, a real pharmacist, but for this one fault—*he does not protect the doctor;* and by this unfair, unethical practice he has not only unthinkingly taken out of the pockets of the medical profession thousands of dollars in legitimate fees, but has, undoubtedly, though unconsciously, made numerous drug fiends, who are traveling about the world as worse than useless, or infesting our

The net of Heaven has large meshes and yet nothing escapes it; it may be spread about us for our preservation.—Laotze.

For one to usurp the office of the great Executioner is like a novice cutting out the work of a great architect.—Laotze.

almshouses and asylums, an unfortunate, pitiable evidence of the blind error of this vicious system.

Whether it is technically legal or not to give copies, to return the prescription, or to refill, it is manifestly unfair to the doctor; and it is up to you, Brother, to find out whether or not your pharmacist is doing the same thing, and if so whether he will reform or not. If foolish, self-drugging laity, short-sighted, unethical pharmacy, and anarchistic law cannot settle this question on the side of justice, the doctor can. Personally we have too good an opinion of the pharmaceutical profession and the drug trade to believe that this state of affairs will long continue to exist after its vicious consequences have been clearly pointed out, and are really understood, for the pharmacist himself will take a hand, as he should, *and stop it.*

We repeat: The evil is a serious one. It affects the patient injuriously. It affects the doctor most seriously. It must be rooted out and killed at all hazards.

Let us make up our minds to accomplish the work during the year 1906.

A PHYSICIAN ON PHYSICIANS.

The following quotations from Osler appeared in an editorial in the Chicago *Inter Ocean,* Thursday, December 21st:

Man has an inborn craving for medicine. Heroic dosings for several generations have given his tissues a thirst for drugs. As I once before remarked, the desire to take medicine is one feature which distinguishes man, the animal, from his fellow creatures. It is really one of the most serious difficulties with which we [medical doctors] have to contend. Even in minor ailments which would yield to dieting or to simple home remedies the doctor's visit is not thought to be complete without the prescription.

And now that the pharmacists have cloaked even the most nauseous remedies, the temptation is to use medicine on every occasion; and I fear that we may return to the state of polypharmacy, the emancipation from which has been the sole gift of Hahnemann and his followers to the race.

As the public becomes more enlightened, and as we get more sense, dosing will be recognized as a very minor function in the practice of medicine in comparison with the old method of the Asclepiades.

The peril is that, should he cease to think for himself, he becomes a mere automaton, doing a penny-in-the-slot business which places him on a level with the chemist's clerk who can hand out specifics for every ill.

It may seem like sacrilege to some of our readers for us to question the wisdom of anything uttered by Dr. Osler. But we should remember the wise saying of good Thomas a' Kempis: "Mark not who said this or that, but mark what is spoken." This is sound philosophy, yet, unfortunately, the converse of the ancient counsel seems more important in this day and age of the world. People are not so much concerned with the truth of a saying as they are with the importance and reputation of the speaker. It does seem to make a difference whether a statement emanates from an alleged great teacher of medicine—a theoretical practician or from an active, though less renowned clinician, though he may have successfully treated hundreds of sick people where the "great man" has treated one. Not that the prerogative of individual

To know one's ignorance is the best part of knowledge; to be ignorant of such knowledge is a disease.—Loatze.

To obtain the best results in Colles' fracture the patient should be anesthetized during reduction.—*Int. Jour. Surg.*

judgment is in any manner restricted. Even the wisest of men may fail to appeal to private opinion, and, in any case, truth is the highest desideratum; yet so established is the world's estimate of alleged great men that we must, perforce, or, at least do, accept without question the sayings of men who happen to be in the full glare of the limelight.

Not long ago Dr. Osler made the statement that no man past forty years of age ever did anything great, etc. How his remarks should be seized upon with such avidity and spread all over the world in a day, is a beautiful study in psychology. Ten years ago the author of the "Old Settler" stories, who had become a pauper, put the same remarks into print about men of fifty, and it never made a ripple in the popular mind. Why should Osler stir us up so? If we might learn the secret of it we should be able to move the world at will in any direction. Perhaps that is why we can't learn it! It wouldn't do. In the words of Emerson, "A single will, a million deeds," is apparently believed to be good enough for us in the present state of our wisdom.

We say unhesitatingly, Dr. Osler has done an immense amount of harm. Men in the prime of life have abandoned hope and ceased to struggle in the battle of life because of what Osler said. What are the facts? History recounts how many of the greatest things in the world have been accomplished by men past sixty, even. The accumulation of years counts affirmatively and not negatively with respect to the ability of men past forty to do things worth while.

Dr. Osler has done medicine an incalculable amount of harm by his marked therapeutic nihilism. It is true that people have been drugged too much. It is also true that certain drugs have been of incalculable benefit to mankind. Dr. Osler is not fair. He does not tell "the truth, the *whole* truth, and nothing but the truth." The result is, thousands of doctors are abandoning all treatment of disease other than surgical, to the great detriment of the people and the medical profession alike.

Ask any doctor, a doctor who has practised medicine, if there isn't virtue in mercury and potassium iodide in syphilis; quinine in malaria, arsenic in chorea, pernicious anemia and many chronic skin diseases. The value of antitoxins and of thyroid extract is vouched for by thousands of as careful observers as Dr. Osler. It is true there are comparatively few specifics for diseases like mercury in syphilis, quinine in malaria, antitoxin in diphtheria, etc., but there are many drugs by the proper administration of which we can avert the tendency to death, relieve pain and suffering, assist in the restoration of tissues and organs which are the seat of special pathologic changes, hasten the elimination from the body of poisonous waste products, in a word, aid Nature in her attempt to relieve the sufferings of our patients.

We can strengthen the power of the heart and allay for the time being dangerous symptoms of failure of compensation by the administration of such cardiac stimulants and tonics as digitalin, strophanthin, strychnine, ammonia, etc., We can decrease the work of the heart by dilating the vessels with the nitrites, aconitine, veratrine, etc. The respiratory mechanism can be stimulated with

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In operating on alcoholics remember low vitality of tissues; even moderate applications of heat may cause sloughing.—*I. J. S.*

Uterine fibromata are frequently transformed into malignant growths; remember this in prognosis and treatment.— *I. J. S.*

atropine and strychnine, and oxygen. In perilous dyspnea resulting from paroxysmal obstruction immediate relief can be obtained by the nitrites.

We can influence decidedly the inflamed mucous membrane of the bladder and radically change the character of the urine with certain drugs. We can modify a local vascular condition and increase secretion in the neighborhood of an inflamed part. We can increase or lessen peristaltic action, improve appetite and aid digestion. We can stimulate or depress the cardiac muscle, paralyze the involuntary muscle fibers directly with the nitrites, or indirectly by chloral hydrate, which depress the functions of the vasomotor center. We can stimulate or depress various secretory glands. We can depress the functions of the motor nerve endings with coniine, and the sensory nerve endings with aconitine; the functions of certain parts of the brain and spinal cord can be increased or decreased by such drugs as chloral, atropine, physostigmine, strychnine, etc. We can produce sleep, and relieve pain; overcome constipation and check diarrhea; produce diuresis or diaphoresis with drugs. We can contract the uterine muscle and check hemorrhage from that organ with ergot. We could go on citing many more things we could do with medicines to help people suffering from disease or accident, things that are familiar to every bedside doctor who has not been Oslerized.

It is time to call a halt on Oslerism. We desire not theory, but fact, and in the crucible of the latest scientific thought all things—dreams and assorted realizations—are tested as never before, and the best test of all is bedside experience. Thousands of earnest doctors know that drugs are of value when intelligently given, Dr. Osler notwithstanding. And let us have the courage to say so, and help to overcome this much to be deplored tendency towards therapeutic nihilism.

Perhaps the most rational attitude to assume in this eventful epoch of medical history lies midway between the extremes of skepticism and confidence. But Osler—Well, it wouldn't be an Osler theory if it didn't run counter to the generally-accepted beliefs of mankind.

BACK TO NATURE?

Somewhere there is usually to be found a group of fanatics who advocate what they term "going back to nature." Their ideas of this are generally too grotesque to command wide support. But under another form the same idea is widely prevalent. The conservative principle, the attachment to the old because it is old and familiar, the opposition to "new-fangled" ideas, is so universal that it may be considered one of the primary instincts of the human mind.

The earliest recorded illustration of this spirit is perhaps to be found in the story of Cain, who as a tiller of the soil is looked upon as a degenerate and innovator, beside Abel who adheres to the traditional occupation of a herdsman. Even so the Bedouin today looks with contempt on the Arab who has deserted the tents of his race and settled in the town. So late as the Captivity this spirit retained such force as to induce the introduction of the Sabbatical Year in the Hebrew code, during which the people

Among fractures of the carpal bones the scaphoid is the most liable to be involved; often overlooked.—*Int. Jour. Surg.*

Pleural inflammations so often tuberculous that it is well to treat all these cases as if actually tuberculous.—*Int. Jour. Surg.*

were supposed to leave the earth lying fallow and dwell in their tents.

The apostle of modern Naturism was Rousseau, the great 18th century "infidel," whose name was only uttered with bated breath by subsequent generations. Curiously enough, the daring opponent of Christianity based his whole system of thought on a fundamentally orthodox theologic conception, that of the fall of man from a state of pristine innocence. The golden age as represented by the untutored savage, unspoiled by civilization, formed the foundation for the whole luxuriant growth of post-Rousseau literature, and Chateaubriand, Marmontel, St. Pierre and many another exhausted their imaginations, depicting a state of things which, though it never was or could have existed in reality, was yet accepted as true by the entire world —and by none more than by those who thought they were opponents of the Christian religion.

The golden age lies ever ahead of us, not back. We hold the hopeful, optimistic view that sees with all his derelictions and shortcomings, his devolutional lapses, a real and steady improvement in man; a slow approximation toward an ever-brightening ideal. To deny this is to give up all that has been achieved since man first tried to better himself or his circumstances, to deny God and hand the world over to the unopposed devil, to prefer the Congo pygmy to Harvard, to adopt Tolstoi's despairing conclusion that the human experiment has gone far enough and might as well be ended at once. It is the desertion of the helpful, hopeful teachings of Jesus for the pessimism of the East, which sees in Nirvana its ideal, a theory that has weighed like an incubus on the eastern branch of our Aryan stock and prostrated it under the feet of every invader who has held a more energetic faith.

Rarely does a year pass without seeing the outbreak of some manifestation of this anti-Christian, mythologic theory. Now we are asked to forswear the results of Eve's confession and eschew clothes; now to cut loose from the consequences of Prometheus' theft and bolt our food raw—even to deny Father Adam and confine our food to vegetables —some curious mental divagation establishing a moral turpitude to the taking of animal life that does not accrue to the destruction of vegetable vitality. And in the masses of humanity there exists always a substratum of belief in that golden age theory that gives each successive "reformer" a certain following.

It is by no means among the ignorant or ill-developed that this exists. Mystery has a curious fascination for the greatest thinkers. Scott had a tendency to the superstitious that was only held in check by the refusal of his audience to tolerate it. Among the devotees of spiritualism are many of the great men of our day. Silks rustle and diamonds flash in the fortune teller's den. Flammarion wrote no other work with quite the relish he gave his book on the Unknown World. The finished scholar who has exhausted the sources of science turns with avidity to the nebulous shapes that flit just beyond our limit of clear vision.

The particular manifestation of this spirit with which we have to find fault may be denominated Lloydism, from its most distinguished exponent. John Uri

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Nasal tampon for hemorrhage: Wind cotton around penholder and squeeze dry after moistening; then insert and wet; will swell.

With the advent of the new century there appears to be a reawakening on the part of the medical profession.—*J. A. M. A.*

Lloyd, the great chemist, the author, whose fame has long since transcended the narrow bounds of the medical sect in which he thinks he has confined himself, holds to that phase of naturism that sees in a plant as a whole a therapeutic entity, and objects to disturbing the combinations in it as formed in Nature's laboratory. This idea we propose to examine.

Let us commence with the question, why does the alkaloid exist in the plant —for its own purposes and needs or for those of man? In making use of the plant as a medicine we are adapting it to a use for which it was not primarily intended. We use wool as clothing, but we are not compelled to wear sheepskins. Is a wrong on nature perpetrated when we break up her combinations in the ores and extract the metals, separating them so that we may utilize the qualities pertaining to each?

In every department of human work this differentiation is done, save only that of medicine. In every department of human activity the work has progressed until a true science has developed, save only that of medicine. We alone cling to the superstitions and uncertainties of the middle ages, while the world of thought and action has swept so far beyond us that we are looked on with contempt, our claims to a place among the sciences derided—because just such sturdy obstructionists stand in the way.

Lloyd is a master mind. Of his books Etidorhpa represents the work of his earlier years with the results of maturity engrafted upon it. In Stringtown on the Pike he presented a great conception, a remarkable study of men and conditions as seen by the author. Mercilessly he vivisects his characters; with sure hand paints his pictures; inexorably character and belief, opinion, suppositious knowledge and faith therein, work out their inevitable results. The rugged strength of the portrayal arrested the attention of even the casual novel devourer, and the book attained a vogue that spoke well for the discernment of the public—for it was not pleasant reading—it was too terribly true. The same characteristics appeared in Warwick of the Knobs, but even more marked. We barely managed to read Sienkewicz to a finish—and his scene was laid in another land, many centuries ago, when and where the sensorium of man was sated with atrocities. This was too close home—it was here and today; and as the certain consequences of the preliminaries became evident we laid down the book unfinished. The power of the writer dominated us; we shut our eyes against the gruesome picture—because we knew it was true. The wheel revolves; cause follows effect; the Fates remorselessly cut the thread of life; Death follows relentlessly on our tracks; but—not yet! Let us still play in the bright sunlight a little space, still keep from under the dark shadow of his wings.

And this is exactly what Lloyd does to his own work; he clings to a formula of his earlier years, shuts his eyes against the truth and shelters himself in the delusions of mysticism and sophistry. He adheres to the whole plant conception without trying to uphold it by argument—just closes his ears and eyes against the evidence.

Plant remedies consist of active and inactive elements. Surely no one will

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The antiquated textbooks of ten years ago are now supporting the pernicious practices of an army of physicians.—*J. A. M. A.*

Hutchinson's hereditary syphilis triad—interstitial keratitis, cupped incisor teeth, and deafness.

contend that the effects are due to inactive matters! We exclude them—so does Lloyd. There remains a group of active principles. Lloyd says, give them all, just as they appear in the plant; don't disturb nature's combinations. We say, these principles were not assembled by the plant for our purposes but for its own uses; and the two are not necessarily or even probably identical. We find that these same active principles exist in varying proportions and exert various actions, sometimes absolutely antagonistic to each other. So does Lloyd—and in some instances he manages to exclude the principles that antagonize the ones he desires, as with hydrastis, and practically fractionates the natural product into its components—but he will not acknowledge this to be a desirable or necessary process and only adopts it when he can not help himself. We adopt it whenever it leads to greater accuracy in fitting remedies to the treatment of disease conditions.

We open new paths to human endeavor. If there exists in coca another active principle besides cocaine, we ask the chemist to isolate it and let us test its powers, and put it to use. Lloyd would for its unknown values use as medicine the crude coca, containing an uncertain quantity of cocaine, a whole lot of encumbering dirt, and an uncertain quantity of an unknown element of unknown powers—and for the sake of these would project it into the already obscure proposition presented by the case. We say, better let nature alone than ignorantly interfere.

But when we have remedial agents of known powers, when we see in our cases conditions we know these remedies will correct, we apply them with confidence. This is practising medicine with the eyes open—it is true science, based on definite knowledge. Just as you admit the element of chance you lose from the ideal and retrogress. The art of medicine has developed to the degree that admits of such scientific applications, and it is high time the entire medical profession awoke to the fact. As long as they persist in depending on chance there is no opportunity for further advance.

This is why we prefer the alkaloids to the normal and specific tinctures. The latter are uncertain in composition and in powers; they can only be regulated by gauging according to some one of the active principles, and adding it or menstruum until the standard strength is attained. This means that a certain dose will exert the effects of so much alkaloid —why bother with the accompanying matter then, instead of giving the desired alkaloid itself?

Why, says Lloyd, for the sake of the accompanying principles. What are these, and what do they do? We may know—usually we don't. If we do, we may need their respective powers or not. We've got to give them anyhow if they accompany the principal alkaloid. If we don't know what they are capable of doing we have to run the chances.

The alkaloidist adds any one or more of these secondary principles he desires or leaves them out, as the case demands. He has therefore all the possibilities the tincture man possesses, without the necessity of giving them whether he wants or no. If he does use them, he puts in just as much as he wishes—Lloyd never knows how much his tincture contains of any principle—or what of the un-

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Brinkmann observed absorption of pneumonic exudate in three days after bowels are brought to a normal state.

Pneumonia: Brinkmann ascribes special significance to distention of stomach and intestines. (Empty and disinfect.)

known may possibly be found in it.

The reports upon his preparations from the field can never be quite trustworthy, as based on varying preparations; while those on the alkaloids are so uniform that they form the firmest basis for practice as yet offered. We are therefore not surprised to find Lloyd, like Hahnemann, driven to infinitesimalism, and prescribing a few drops or a fraction of a drop of remedies that exert but slight actions even in potential doses. Uncertainty ever paralyzes the hand of the prescriber and reduces him to impotence.

Specific and normal tinctures are good, and mark an advance in pharmacy—as and because they approximate the alkaloids.

A ROUNDER.

In many of the monthly medical journals the reader may find a contribution from Pitts Edwin Howes, a Hubbite, entitled, Superiority of Liquid Medicines over Alkaloids. Dr. Howes is a graduate of the Eclectic College at Cincinnati, and presumably his reflections are based on a comparison of the alkaloids with the specific tinctures.

With his exordium we have no fault to find—assuredly "physiology plays a large part in the practice of the successful medical man." The same can not be said, however, of sophistry, as will be shown.

He tells us that liquids are more promptly absorbed than solids. Will he tell us how the latter are absorbed at all if not first reduced to solution? Also why there is a difference in favor of a liquid in a bottle and a solid dissolved as needed in a cup? The assumption that alkaloids are expected to be absorbed into the blood in the solid form is too silly to be noticed, were it not presented as a legitimate argument to the presumably intelligent readers of the journals publishing the "rounder."

"The action of the liquids is more gentle because they are as a rule less powerful than the alkaloids." On what does the strength depend if not on the presence of these same alkaloids in the specific tincture?

That the latter are weaker is simply an admission of their inferiority. Gentleness of action is a matter of dosage, and there is absolutely no difference in an alkaloid dissolved in alcohol and then in water, and the same alkaloid dissolved directly in the water. The attempt to establish such a distinction betokens a contempt for the reader's mental capacity that is astounding. But this is not all—"the soothing effect of liquid medication will aid materially in producing a more lasting relief!" Tackle that proposition for us, dear reader, and when the mists clear away, tell us what lofty pinnacles of thought are visible.

Now we come to a real argument—"the liquids contain *all* the plant constituents, combined in Nature's own way."

Nature chooses to combine quite a lot of the alkaloids with tannin, in such proportions as to render them practically inert, because insoluble; she smothers arbutin in tannin, and hyoscine in atropine, so as to render the use of either as a remedy impossible; in fact, she regulates the plant physiology for the sake of the plant and not for a suppositious human being who is to be created some millions of years later. The idea is pos-

Some men are queer! Heber Jones, presented with $10,000 by Memphis, immediately starts a new medical college! Try us.

The germs of uncinariasis enter the body through the feet, yet intestinal anthelmintics cure the disease.

sibly poetic, probably superstitious, certainly not common-sense, or proved by any testimony ever offered in behalf of it. It is one of those dexterous assumptions that appeals to the ignorance and mystery-love of those who accept things without examination. If we are wrong, we are ready to be convinced. Bring on your arguments.

The practical difficulties of the maker of extracts are described, and the causes of variability in the strength of the product set forth; the uselessness of tinctures made from fluid extracts is mentioned, and the admission made that the physician must specify the manufacturer if he desires to know what he is giving—and yet this is a plea for the "fluid" preparation! The deterioration of the fluids, the change in strength from evaporation, are not mentioned.

The next point is paralyzing—the rapid absorption of fluids by the blood prevents the accumulation sometimes resulting from alkaloids, which cause many deaths. A little while ago he was teaching that slow absorption of fluids insured gentle action, but here he changes sides with acrobatic agility. Why, oh why, should an alkaloid cause cumulation if not administered in alcohol? We are unable to reply to this argument—it has totally eluded our grasp and vanishes into thin air when we try to corner it.

For one small crumb we render thanks—he acknowledges that an alkaloid *may* be administered in solution—in hypodermics—but he hastens to qualify the damaging admission by asking "who would want to limit his practice to hypodermics?" No one could possibly drop that same solution on the tongue. We fear brother Howes is deficient in imagination.

"The alkaloids represent but a part of the plant. Who would be rash enough to assert that all the good of cinchona lies in the quinine, or of nux in strychnine?" Only about nineteen-twentieths of the medical profession; and not one hundredth would attempt to secure from the crude plants the benefits obtainable from these two alkaloids. Imagine giving the equivalent of 75 grains of quinine, for pneumonia, in Peruvian bark! Or securing physiologic equilibrium with any tincture of nux any pharmacist happened to send you! He might have found much better examples for his argument, which is fairly applicable in the case of some plants, of which no satisfactory active principle has yet been isolated. *We* are fair; we seek Truth, not to establish a mercantile interest, a hobby or a hypothesis. Hence we do not hesitate to acknowledge when there is a legitimate argument against us, or an exception to our rule.

Again, Howes quotes the early experience of the eclectics with "alkaloids," which they found unsatisfactory—some of them—and returned to the fluids. This was a fight between Lloyd and Keith, and each dominated a portion of the sect, Lloyd the largest. The "alkaloids" of that early day were simply alcoholic extracts, of which podophyllin, euonymin, leptandrin, hydrastin, and a few others have survived and are still employed in eclectic and regular practice, with advantage. To class them with the modern alkaloids and glucosides is ridiculous. The latter and their clinical applications have been developed since

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Tuberculosis is frequently aborted; why not typhoid fever? When by medication we aid the system to conquer?—Hemenway.

A Life Insurance Medical Director wants examiners against being bribed by division of the agent's fees.—*Med. Exam. and Pract.*

and independently of the early eclectics.

Dr. Howes says there are fewer therapeutic nihilists among the eclectics than any other school; and attributes this to their use of "liquid medicines." He does his colleagues a gross injustice. Their optimism is due to the fact that while we have been devoting *all* our attention to pathology and diagnosis, they have devoted nearly all theirs to drug treatment; and they have had a large assortment of good preparations made from native plants by skilled manufacturing chemists, and have studied the effects of these at the bedside. The early eclectics administered their doses in the form of hot bulky decoctions, and obtained from this method certain advantages and greater disadvantages; the moderns have almost entirely dropped this method, so we presume they have found it inadvisable. Their writings display the benefits of such clinical studies and the disadvantages accruing to their neglect of pathology. Give credit where due and neither blindly praise nor decry.

In conclusion Dr. Howes admits the value of alkaloids but limits their applicability within much narrower lines than their advocates claim. Possibly the best evidence on any therapeutic agent comes from those who have made the most extensive trials with it. But altogether we have to thank the writer for his presentment of his case against the alkaloids. He started to write them down—in someone's interest, but just who is securing the wide publication of the paper we neither know nor care. But it certainly speaks well for the alkaloids if he can make out against them no stronger case than the one before us.

ADVERTISING ETHICS—PRO AND CON.

Some time ago we wrote to an advertiser asking for the formula of the preparation he was promoting. He replied that he had withdrawn his formula from publication, because he found that the physicians using the preparation would not adhere strictly to it, but modified it in practice, adding to or subtracting from it as they deemed best in each of their cases. We refused to publish the advertisement without the formula, and are out $1000 a year in consequence.

It's worth it. We would rather have that tribute to the independence of the American Doctor than jingle that thousand in our pockets, even now, when so many of our dollars have gone up in smoke. Good man! He is perfectly willing to hear what the man has to say, and to give his ideas and his medicine a trial; but as to the suitability of the combination for each case, the Doctor is THE DOCTOR, and it is for him to say whether any modification is needed or not. In other words, he refuses to accept the prescription as an entity and a panacea, but insists on his own privilege of modification, according to his own judgment. Good man! We are proud of him.

Here's another question: A physician writes to us that he gave an infant weighing 9 1-2 lbs. half a tablet of Waugh's infant anodyne, and the child died of what a consultant insisted was codeine poisoning.

Brewery employees are almost impervious to drugs and if sick seriously it generally fetches them.—Phelps, *Med. Summary.*

Johns in the *Summary* calls attention to the importance of spinal tenderness and the symptoms resulting from it.

Half a tablet of infant's anodyne should contain gr. 1-134 of codeine; and this for a child of the weight stated would about equal gr. 1-8 for an adult weighing 150 lbs. Codeine is variously estimated at from 1-2 to 1-4 the strength of morphine. Taking the highest estimate, the dose given would approximately equal in therapeutic efficacy gr. 1-16 of morphine. So far as our reading has gone, the smallest dose of morphine that has even been known to cause the death of an adult was gr. 1-8, in the case of a man far advanced in nephritis. As no such malady could be presumed in a newborn infant we may put that out of the question and say positively that the codeine could not have been the cause of death—provided the tablets were properly compounded and contained exactly the quantity called for by the formula. But just here is the difficulty—the tablets were not made under the deviser's control, and as the deviser of the formula has no control or influence over the manufacture of the tablets that were used, he can not be held in any way responsible for ill effects resulting therefrom.

Ethics demands that we as physicians make public any formula we advocate; and the claim of the medical profession upon us is just, and has always been recognized by the writer. But in making our formulas free to the medical profession we also make them free to the manufacturing chemists, who have no such claim upon us, but who avail themselves of this publicity in the freest possible manner.

When the ingredients of a prescription are the very best, purest and costliest to be obtained in the market, their strength tested by competent chemists, the masses thoroughly mixed and divided with the most mathematic exactitude by skilled and experienced chemists, and the deviser of a formula knows this to be the fact, he can guarantee the effects of the preparation to be what he expects. This the writer *knows* to be the case with preparations from the laboratories which he can influence.

If the ingredients may be purchased as the cheapest in the market, and if they may be compounded by cheap labor —three-dollar-a-week children as against thirty-dollar chemists — the product of tablets *may* present the same certainty as to strength and uniformity—but we don't *know* it.

We are not saying that the tablets used in the above case were or were not equal to any one brand; we simply say we do not know it; and can not be held responsible for faults that may exist, which we are unable to influence.

In this case, as there was neither contraction of the pupil nor slowing of respiration, we can not see that the codeine could have had anything to do with the death; but must look for it to the malady that caused the uncontrollable crying.

THE DANGER OF CRUDE ACONITE AND ITS PREPARATIONS.

In the *New York Medical Journal* for December 23, we find the following interesting note. At a meeting of the Societé de Thérapeutique, Oct. 25, 1905, Dr. Chevalier stated that a specimen of aconite, growing in North America, in Canada and the United States had been examined by him and found to contain the altogether exceptional

Roughing it among the dry foothills of the Rockies' malarial plasmodia acquire unwonted hardihood.—Boynton, *Summary.*

Calcalith is a wonderful thing in rheumatism. Externally guaiacol-salicylic acid mixture rubbed into joints.—Sour, *Med Sum.*

quantity in each kilogram of 3.78 grams of crystallizable aconitine and 5.80 grams of amorphous aconitine (having the characters of japaconitine). Ordinarily, the proportion is 2 to 5 grams of total alkaloids in each kilogram. The extract prepared after the method of the Codex contained 50 milligrams of alkaloids in each gram or just double the normal quantity. The root presented no unusual appearance; in all points morphologically it resembled that of the official Aconitum napellus. The danger of using a drug like this to make the galenical preparations is evident. In the discussion of this communication, Dr. Bardet said that he also had observed great differences in the activity of aconite, according to the place and altitude from which it was obtained.

CRUDE DRUGS VARY IN STRENGTH

In the *Apothecary* for December, there is an article by Prof. A. R. L. Dohme, member of the Committee of the Revision of the United States Pharmacopeia, entitled: "How Drugs Vary in Strength and Quality." In this article Prof. Dohme deals with the variations which drugs present from year to year. He gives the figures for seven years and the figures are, in each case, the average of assays of many samples of drugs (varying from 5 to 50) made during the entire year. He says: "From a long experience with the study and assay of drugs, I have gathered some few facts which I will present below to show how Nature does not, by any means, always produce for our use drugs of uniform or good quality." [We knew that long ago.—Ed.] We present below a few of the figures:

Drugs.	1901	1902	1903	1904	1905
	p. c.	p. c.	p. c.	p. c.	p. c.
Digitalis.....	0.25	0.275	0.23	0.3	0.3
Hyoscyamus...	0.14	0.12	0.14	0.09	0.15
Belladonna lf..	0.46	0.44	0.46	0.46	0.455
Belladonna rt..	0.68	0.5	0.59	0.56	0.54
Ipecac, Rio ..	2.3	2.4	2.7 2.2 2.4	2.60	
Ipecac Carthagena	2.86	2.90	2.24		
Hydrastis.....	3.1			2.3	2.3
Spr.	3.6	3.2	3.3		
Ergot	0.20	0.20	0.25	0.32	0.12
Strophanthus.. Kombe	2.1	2.2	2.3	3.0	
Strophanthus.. Hispidus			3.18	3.60	
Nux Vomica..	2.6	2.65	2.9	2.2	2.40
Aconite rt ...		0.92	.53	0.75	0.75
Pomegranate Bk	0.62	0.50	0.48		
Jaborandi	0.72	0.28	1.1	1.2	1.2
Guarana	3.85	3.75	4.02	4.18	4.00
Cinchona ether sol. alk.	7.1	5.8	6.8	6.4	6.2
Cinchona, red ttl. alk.	6.85	6.2	6.05	6.3	6.2
Cocoa	0.80	0.72	1.	1.02	0.98
Colchicum Seed	0.56	0.54	0.6	0.6	0.53
Jalap	8.6	8.4	7.1	6.7	6.2

Mind you, these figures represent the average of *a number* of samples for the *entire* year so that one might expect uniformity, but still the variation is quite considerable. The doctor interprets his findings as an argument in favor of standardizing the drugs and the galenical preparations. Good. He would be still more correct, however, if his logic led him a step further and he advised the use of the never-varying, if honestly prepared, active principles themselves.

CULTIVATION OF HYDRASTIS.

In Bulletin No. 51, Bureau of Plant Industry, U. S. Department of Agriculture, attention is called to the cultivation of hydrastis as a promising addition to the resources of the farmer. This plant is found from New York to Minnesota,

The obligation to professional secrecy remains as imperative as ever; details of application need readjustment.—Millican.

If football will not purge itself of brutality public opinion will not tolerate it much longer. —Millican, *St. Louis Med. Review.*

south to Georgia and Missouri, ascending to an altitude of 2,500 feet in Virginia. It occurs in patches in high open woods, where there is plenty of leaf mold, but not in very moist or swampy land, prairies, or in sterile soil. It frequents hillsides or bluffs affording natural drainage. It belongs to the buttercup family, the Ranunculaceæ.

The methods of cultivation closely resemble those employed with ginseng. The rhizomes can be harvested the second year. Shade is essential. The plant is propagated by division of the rhizomes, or by planting the buds forming on the larger roots; the seeds are little if at all viable. The increase in the number of plants in two years was 275 per cent. The yield from the Department's plats equalled about 1,500 lbs. of marketable root per acre.

Since 1894 the price of hydrastis root in the New York market has varied between 17 cents and $1.50 per lb. Since 1899 it has never been below 43 cents, and since Feb., 1904, has but once fallen below $1.00. It seems unlikely that this drug will ever again be purchasable at the low prices of the last decade. Its uses are rapidly increasing since the differentiation of its alkaloids has been made, while the supply of the wild plant has grown for years more scanty, as the field is restricted by its extirpation at the hands of improvident collectors. The high price has also led to its collection in the spring, when the yield of alkaloids is low, and more of the root is thus required. The uses of these alkaloids are infinitely more important to the modern scientific therapeutist than those of ginseng; so that a glut of the market from overproduction is hardly likely.

A crop worth $1,500 an acre is worth cultivating. It is better to raise that much from an acre, even with equal labor and expense, than $100 an acre from 15 acres, since the cost of the land is that much less. An acre may be tended by one's self or family when 15 acres would require hired help and animals. There is nothing in a hydrastis field attractive to the tramp or the small boy, as would be the case with a fruit or melon patch. Such enterprises come in handily as side lines for the doctor who has unused time at his disposal, where a little plot of ground is accessible at reasonable prices.

THE FORMATES: TRY THEM!

Narine uses sodium formate in cancer and tuberculosis. It is markedly diuretic, restricts albuminuria, increases the output of urea, but does not alter that of uric acid, lessens acidity, and affects metabolism favorably, being quite harmless also. It increases the number of red blood corpuscles and the amount of hemoglobin, but after a certain dose has been exceeded this action reverses.

Stern also recommended formic acid for these and other maladies in his paper before the Therapeutic Section at Portland. It is worth investigation. Clement and Huchard testify to the power of formic acid as a muscular tonic; imparting to the taker a sense of increased strength and vigor. The tired feeling departs and the idea of muscular activity becomes distinctly agreeable. The ability to withstand heat and cold and to enjoy exposure to them is increased. Other things being unaltered—diet, etc.—a man taking formic acid will feel no fatigue after doing his usual

It were good that men in their innovations would follow the example of time itself which innovateth greatly but quietly.—Bacon.

Hyperchlorhydria of weak, flabby, nervous cases; nux vomica pushed to full physiologic effect.—Musser, *Ther. Gazette.*

daily stunt. Huchard found the muscular strength, as registered by Mosso's ergograph, rose markedly after the administration of sodium formate. His own power was thus more than tripled within six days while taking this drug. The dose of sodium formate is about a dram each twenty-four hours; that of the lithium salt one-third this quantity.

The writer recollects seeing the claim made that the conjurers' trick of growing a plant in a few hours or minutes was accomplished by adding formic acid to the earth in which the seed was planted; this acid it was asserted having marvelous powers in inducing such rapid growth as to be really visible. This was doubtless untrue, but there may be some slight effect to give rise to the story.

It is unwise to neglect anything that may have the power of influencing the development of cancer or tuberculosis. We do not yet know why these things are; we are not in position to assert that there is nothing in existence that has the power of so altering the soil as to render the further growth of such maladies impossible. The state of human knowledge rarely admits of positive statements as to the impossibility of anything. Couch employed formic acid hypodermically, using a 3 per cent solution in sterile water. Five to 8 drops injected in 10 or 15 points over the painful areas, in rheumatism, arthritis deformans and neuralgia. The pain necessitated the use of cocaine solutions preceding each insertion of the acid; a grave disadvantage in a malady notoriously apt to generate the cocaine and morphine habits. The results as reported were "marvelous," pain and inflammation in acute cases subsiding rapidly, and rarely requiring treatment more than three days. If that man can cure arthritis deformans in three days he is a wonder. But we may as well try the means he advocates so warmly.

OBSOLETE WISDOM.

An editorial in the *Medical Review of Reviews* says: "A very successful practitioner of our acquaintance was in the habit of assuring his office students that 'if they never gave anything which would harm their patients they would succeed in practice,' and therein was conveyed a fundamental truth which will never be out of date."

The first duty of the physician, therefore, according to the editor, is to do nothing at all, as thereby he will assuredly not give anything that will do harm. What a despicable lot of doctors there must be in that vicinity if this be the "fundamental" truth to be inculcated, Does the doctor tell his patients that? Are they willing to pay him for "services" on that basis? If so they are more easily pleased than any we ever attended.

The above is a type of the detracting nasty slurs that are being hurled at us by quacks and others interested in lowering the regular profession in the eyes of the public—it is really too bad to hear it from one of ourselves. Speak for yourself, Brother, if you want to talk that way; but don't make any claim to speak for the rest of the profession. For the vast majority of American physicians it is a libel.

Moreover, if the man quoted himself (practised on that basis) we doubt if he could have been so "very successful" as the editor affirms. How could he be, if nonentity and pretense were the basis of his work?

Marmion gave address on Inducements offered by Navy to doctors. Clerk's salary, dog's quarters, Senn qualifications.

Adrenalin damages the kidneys so much that it must not be used as a remedy for hematurias.—Vaccari, *Policlinico.*

LEADING ARTICLES

EPILEPSY: SOME ESSENTIALS OF RATIONAL TREATMENT.

BY GEO. H. CANDLER, M. D.

BOOK after book has been written upon epilepsy and yet when we undertake to define the disease we find ourselves compelled to enter into a complicated description of what happens to the epileptic and finally, usually to quote some standard writer or text-book. Gould defines epilepsy as "a nervous affliction characterized by sudden loss of consciousness and power of motion with tonic and clonic convulsions; the paroxysms lasting a short time." This does not well express the condition even and conveys little idea of the disease itself.

Echeverria takes more words to do it but gives us a more lucid description of what epilepsy is. He says: "Epilepsy is a disease constituted by sudden paroxysms excited upon a direct reflex action of the medulla oblongata in a condition of exalted irritability, coincident with sudden depression in the cerebral circulation and with the loss of consciousness, with or without muscular spasms."

This is hardly satisfactory, for while we gather therefrom the idea that owing to some cause the brain becomes affected and motor and sensory disturbances follow, we do not find any enlightenment as to the how or why. Spratling, the most recent writer on epilepsy, after quoting the above and other writers says: "Epilepsy is a disease or disorder affecting the brain, characterized by recurrent paroxysms which are abrupt in appearance, variable in duration—but generally short—and in which there is an impairment or loss of consciousness together with an impairment or loss of motor coördination *with* or *without* convulsions."

It is evident, then, that an epileptic seizure will present these phenomena: (1) Disturbed or lost consciousness, the condition coming on either without any warning and instantly, or with but a fleeting stage of blackness or vertigo, the whole being transitory in character; (2) loss or impairment of motor coördination usually sudden in form and transitory in character; (3) convulsions, immediately accompanying or more slowly following either of the above conditions or the two combined. The convulsive feature, however, may be lacking.

In any true epileptic attack there must be pathological changes in motility and consciousness. There are modified forms of the disease in which the patient seems to have periods of "vacancy," "darkness" or "forgetfulness," during which there may be little if any physical disturbance. Such conditions may last a moment or two or continue for days. Other epileptics will pass suddenly and with a single cry from a normal condition into a state of violent convulsion without entirely losing, for a moment, their knowledge of passing events. These patients remember later to some extent what was done for them and, less rarely, what they did.

Spratling points out that the minds of

these patients seldom become impaired or show signs of abnormality during the intervals between paroxysms and suggests that sooner or later we shall be able to differentiate them from epilepsy proper as "epileptiform" or "epileptoid."

The possibility still remains, however, that such cases may gradually assume the true epileptic type and, coincidentally, the epileptic mentality. Whether the epileptic seizure or "fit" is caused by a diseased condition of the brain itself, or the brain deterioration is due to the constant recurrence of the abnormal conditions which cause and accompany the attack is a matter which is unsettled. The fact that the most brilliant genius may, in his brightest moments, be suddenly seized with a violent epileptic fit (presenting all the horrible symptoms of the malady) and yet be again, within a few hours, mentally equal to any of his fellows, would tend to prove that the origin of epilepsy is outside the brain.

That those who suffer from the disease in its more marked form become mentally and physically "warped" is hardly to be wondered at, neither is it difficult to understand that the epileptic is likely to bestow upon his offspring the physical condition which will cause epileptic seizures to manifest themselves upon slight provocation.

EPILEPSY A TOXEMIA.

It would be impossible to here present fully the reasons why it is probable that epilepsy is distinctly a manifestation of some systemic toxemia. It is, however, generally allowed that any treatment directed against the epileptic condition itself is foredoomed to failure. On the contrary we are well aware that convulsions and other phenomena of a distinctly epileptic character may be put an end to by some very simple remedial measure, such as the dilatation of a constricted sphincter ani, removal of a tight foreskin, liberation of an adherent clitoris, the removal of worms, correction of gastric or ocular disorders, etc., etc.

We are also familiar with the fact that epilepsy very often begins during the period of "teething;" it also occasionally follows severe cases of the exanthemata, diphtheria, etc. Fright or shock may originate the condition. It is more than possible that any irritation, central or peripheral, if long continued, may create such pathologic conditions that convulsions will follow, and these may later become distinctly epileptic in type.

All convulsions are not epileptic, it is true, and every epileptic seizure is not accompanied by convulsive features; but it is rare for the individual to have convulsions long and escape epilepsy. The fact that epileptic seizures occur at intervals—sometimes of months—and that between the attacks the patient may enjoy excellent health, proves that the malefic conditions which cause the train of symptoms accompanying the epileptic attack are not constant.

The abnormality of function or disorder in the metabolic processes may, it is true, exist steadily in a minor degree but it is only when the system becomes overburdened with toxic matter or the irritation reaches a climax that the explosion takes place. Is it not extremely probable that some error in the body chemistry may cause the nervous system to be supplied with a toxic substance (such as cholin) instead of the lecithin which is present in the medullated

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For sweating feet apply daily baths of pot. permang., 1 per cent up to 15 per cent, 15 minutes' duration, without rinsing; warm.

The battle against puerperal infection is won by an adequate system of asepsis and antisepsis.—Holmes, *N. Y. M. J.*

sheaths and from which cholin can be split off?

We are not yet sufficiently familiar with the processes which go on in the human body to be able to say just how or where certain effete products are formed; neither are we able to explain the exact methods by which the nerve fibers are constantly renewed, notwithstanding the strain they are subjected to, but we do know that *any* marked metabolic disturbance affects the nervous system profoundly and we are also cognizant of the fact, that prior to an epileptic seizure the urine shows an almost complete absence of uric acid. Perhaps, when the chemistry of the urine and feces is better understood, and when we are able to understand the processes which produce nuclein and lecithin, we may be able to isolate and label the toxin which, produced under certain abnormal conditions, enters the nervous system and sets up the epileptic condition.

The fact that trauma may cause epileptic attacks does not in any way weaken this possibility. Pressure upon the brain or an important nerve trunk acts as (1) a paralyzing agent and, (2) as an irritant. Hence even severe bruising would cause congestion and it is quite probable that in the process of absorption some irritant is produced. Direct pressure (as of a bone fragment upon the brain itself) would mechanically cause either irritation or paralysis and might also set up the condition necessary for the production of toxic material.

Briefly the argument is this: If in the normal human system there is formed such a complex body as lecithin and if this substance is essential to natural nerve repair and growth (being supplied to the nerve fibers from the medullated sheaths) is it not quite possible that in certain abnormal conditions this ordinarily nutritive and reparative substance should be improperly constituted and either act upon the nervous system as a direct irritant or, by being deficient in some vital particular, set up pathological conditions in the nerve fibers which finally reach a climax and are manifested by the epileptic storm?

There can be no question but that depression of the renal nerves causes not alone a decrease in the amount of blood passing through the glomeruli but also a diminution of secretory activity in the epithelium. Similar nerve disturbances affect hepatic action and limit or change the secretions of that organ. Given, then, an initial nerve disturbance (shock, fright, trauma or even the irritation caused by abnormal blood constituents) it is easy to see how various metabolic processes may become deranged and the resultant product be instead of nutritive or reparative, toxic and destructive in action.

Chemists appreciate the immense difference the addition or subtraction of even one molecule of water may make in a substance. How derogatory, then, may be the changes which take place in the chemistry of the living body when effete matter which should be separated from the blood-stream goes back again to form new compounds which, later, in their turn, may set up irritation or inflammatory conditions. Thus a simple nervous shock may suffice to set up a vicious circle which will end in supplying the nerves toxic instead of nutritive

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Saline purges, ergot, hydrastis, etc., remove much danger and need for active therapy in puerperal infection.—Holmes, *N. Y. M. J.*

The dangers of anesthesia from magnesium sulphate come only from the respiration; heart and pulse remain normal.

material. The exciting cause may be slight.

A thorough and unbiased consideration of the subject will lead any clinician to the conclusion that we shall find the *fons et origo* of epilepsy in deranged metabolism, the probable cause being the production of a toxin which exerts an irritant action, causing the motor centers in the brain to manifest "explosions" of energy.

THE VARIETIES OF EPILEPSY USUALLY SEEN.

Idiopathic epilepsy is that form which cannot be accounted for by either organic disease, reflex irritation or morbid states of the blood, etc.

Jacksonian or cortical epilepsy consists of limited convulsive motions present in a few muscles or constantly having origin in a certain group (one leg or arm). Consciousness as a rule is unimpaired. This form may lapse into the more severe type:

Grand Mal.—The worst form of the disease or "great sickness." Here the patient falls to the ground suddenly—usually as if thrown; consciousness is lost and motor coördination destroyed.

Petit Mal (little sickness).—A milder form and that usually first experienced. The patient need not lose consciousness or motor coördination. Though there is invariably some muscular involvement (localized or general) the patient may not fall or exhibit a convulsed aspect. Frequent attacks of *petit mal* are apt to bring about the more severe type. However, cures of this form of the disease are not uncommon. *Grand mal*, on the contrary, once fairly established, rarely yields to any treatment.

Psychic Epilepsy.—It is questionable whether this condition should be counted as epileptic. Here the mind alone is affected there being a temporary lapse of memory or loss of the *ego*. The attack may last a few seconds or be prolonged for weeks and, during the seizure, the patient may perform correctly the most complicated duties or act in a manner entirely unlike himself. Many crimes are committed by patients of this class and most of the temporary or total "disappearances" are due to sudden attacks of "psychic epilepsy."

This classification is, as will be noted, entirely based upon the symptomatology and as the general practician does not as a rule attempt to treat complicated or obscure brain or nervous diseases, it will probably suffice. The Dictionary of Psychological Medicine gives thirty-eight varieties of epilepsy: abortive, gastric, acute, intestinal, alcoholic, masked, nocturnal, etc., etc. This is really confusing, for the qualifying term simply expresses the cause and in no way differentiates between *grand* and *petit mal* and, after all, these are the two main forms of the malady.

It is interesting here to note that as far back as 1870 Echeverria wrote: "Epilepsy is not a morbid entity existing by itself but a manifestation of *manifold derangements disturbing the nervous system*, giving rise to definite inseparable conditions—immediate cause of the convulsive paroxysm—that remain the same whatever the origin of epilepsy. No other malady exhibits a wider range of its etiology. There is scarcely a disease affecting the human frame in which epileptiform convulsions might not happen as an accident or essential phenomenon."

In fact, we may turn from writer to

A desperate case of tetanus was cured by magnesium sulphate intraspinously; at the Roosevelt Hospital.—Meltzer.

Myalgia: When this follows injury the internal administration of small doses of arnica has resulted favorably.

writer and fail to find any real information as to what epilepsy is, though the perusal of their work will impress upon us, the enormous range of pathologic conditions which underlie its various forms.

Its hereditary origin is insisted upon by many authors. That the condition (or tendency to epilepsy) is due to some nerve or other degenerative disease in the parent more frequently than to any other cause is generally accepted, as also is the fact that fully 80 per cent of all cases begin before the twentieth year.

Here modern writers have found a basis for another classification. In brief it is as follows: *Infantile inherited;* direct inheritance from either parent; indirect, alcoholism, insanity, etc., in either parent. In either class the epileptic seizure may come on either after some exciting cause or without any apparent incitation. *Infantile Accidental.* Birth accidents, the specific fevers, dentition, emotional shock, etc. *Infantile Traumatic.* Mechanical injuries affecting the integrity of vital structures — brain, nerves, etc., with reflex convulsions in the beginning. *Infantile Idiopathic.* All cases in which we fail to discover any of the above causes.

In childhood and early life we have Accidental, Traumatic, Developmental and Idiopathic Epilepsy. "Developmental" embraces all that great class of cases which appear about the time of puberty. Delayed hereditary cases may fall under this head, the stress of metabolic changes at this time acting as exciting cause.

In adult life we have (1) *Accidental* and (2) *Toxic* Epilepsy. The first embraces all cases due to syphilis, the infectious fevers, ovarian, uterine or sexual irritations; the second, alcoholic, intestinal toxemia, lead and other chemical poisoning. Traumatic and idiopathic epilepsy are the same here as in childhood; and finally we can list *Senile* Epilepsy which embraces those cases which come on after the fortieth year and are due to degenerative changes—especially those of the vascular system.

From the above it will be seen that nearly any derangement (inherited or acquired) which affects metabolism or the nervous system may either set up epilepsy itself or reflex convulsions which will (if unchecked) finally degenerate into the more severe disease.

Among the chief causes of epilepsy in the adult are alcoholism, cocainism, great anxiety, trauma (injuries to the head and severe crushing injuries), syphilis (through the brain lesions it sets up), gastric disorders, intestinal parasites and, in women, menstrual disorders and engorgements of the pelvic organs.

The period of puberty is, however, the most favorable time for the appearance of epilepsy. If the child of epileptic parents passes through dentition and puberty without any sign of the disease it is usually safe, though it is possible for childbirth or any of the causes mentioned above to bring on a seizure. One attack markedly predisposes to another and it is essential that any treatment be instituted early.

In women the attacks often present during the menstrual period; they are apt to cease entirely during pregnancy and lactation. On the other hand pregnancy may initiate the malady. A case is reported in which the woman had her first seizure during the second pregnancy

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Myalgia: For chronics, with general bruised feeling, macrotin, gr. 1-6 to 1-2 every one-half hour in hot water till better.

Myalgia: Acute forms, severe pain, gelseminine a granule in hot water every half-hour till relief or drooping of eyelids.

and continued to have distinct attacks of *grand mal* during each succeeding term, from quickening till about a month after delivery.

In infancy the convulsions which attend teething may be epileptic in character from the first or the ordinary type may be repeated and gradually assume the true epileptic nature. Such attacks may cease after dentition to be renewed at puberty. In fact the child who has had one epileptic seizure can never be considered as safe from further manifestation of the disease. Rachitis may be the primal cause of epilepsy. If therefore we prevent rachitis we can prevent epilepsy from developing, in a certain percentage of cases.

It should be remembered also that epilepsy in the infant may be associated with hemiplegia, the convulsions being confined to one side often. The first attack in such cases may be severe, convulsion after convulsion taking place for hours. Organic disease of the cortex is supposed to be the cause. Meningeal hemorrhage caused by difficult labor, may also cause epilepsy.

THE SYMPTOMATOLOGY.

In *grand mal, haut mal* or major epilepsy the symptoms are so distinctive as to preclude error in diagnosis.

The patient may suddenly utter a moan, a sharp cry or give vent to a "roar" and simultaneously fall to the ground. Frequently it seems as though he were hurled to the earth by some irresistible force. At other times he merely throws up his hands as though grasping at something and falls prone— often upon his face. That consciousness is lost instantly is proven by the frequent cases in which the epileptic falls into fire or water or on to moving machinery. In fact wherever he may be, there, on the instant, he falls convulsed.

At first the body is rigid (tonic spasm) but later jerkings commence (clonic stage). If the surface is flat on which the epileptic falls the legs will be found extended, the head deviated and the eyes turned up or to one side. The arms may be stiffly extended or be twisted into any position with fists clinched. The teeth are firmly locked and it is difficult to pry open the jaws. Frequently the tongue is severely bitten.

The face, early, is pale, later it becomes red and finally livid or blotched and swollen. In the clonic stage the jaws may open and clinch again and it is then that tongue injury is most to be feared. Froth often appears on the lips and this may be tinged with blood from injuries to the buccal mucosa or tongue.

In some cases the spasms take on a writhing character, the patient twisting and turning or rolling over and over in the dust but in other cases the limbs are drawn up and shot out with great force. The patient sometimes becomes opisthotonic, resting on heels and back of head or may assume exactly the reverse position. If held or opposed the spasms become more violent and it frequently takes several able bodied men to control a not remarkably robust male patient.

The pupils are widely dilated, and the breathing irregular and stertorous or sighing and whistling. Often the sphincters relax and the bladder and bowel empty themselves. Hence the old Roman name of "the filthy disease." Both tonic and clonic spasms may exist but

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Myalgia: Muscular weakness and soreness following overexertion relieved by cocaine; better by veratrine; just enough.

Myalgia: Acute attacks following exposure to cold may be aborted by a sweat from pilocarpine, gr. 1-6 or more.

a few minutes and the patient then lies quiet in a semi-comatose condition, finally awakening entirely unaware that anything has occurred. He will, however, complain of pains in the legs and arms due to the severe spasms.

Vomiting may accompany or follow the fit and various degrees of mental derangement may (or may not) persist for some time after the seizure. It is well to remember that in *all* cases of *grand mal*—whether there be preliminary symptoms or not—there are three distinct periods: (1) tonic convulsions; (2) clonic convulsions; (3) period of coma with stertor.

The convulsion may begin in any part of the body (usually the arm or leg), the eyes are always involved, the face cyanosed—sometimes almost to the degree of blackness, and the reflexes are abolished. The "epileptic cry" is not always uttered though in some form it usually is apparent. It may be due to either the disturbance of the speech center, or to the spasmodic contraction of the chest muscles which causes the air to rush through the vocal cords.

Petit Mal presents a much less distressing picture. The muscular disturbance is infinitely less; the invasion is not so sudden and the mind does not become affected to the same degree. The patient recovers his normal, physical and mental condition in a much shorter period. For instance, the patient may be standing and suddenly sink to the floor, or stumble, totter a few feet and sit down. The arms may be swung and the legs jerk, or the patient may move about on his hands. The face becomes congested, mumbling and muttering occur, and some froth may gather on the lips. Cyanosis appears, then intense paleness, and the pupils are dilated. The mouth may be distorted and the eyes or one eye closed or half shut. This condition may last one or more minutes during which time any conceivable movement may take place.

Finally, the patient remains quiet, breathing heavily and suddenly rises either to the sitting posture or direct to his feet. He may then walk about aimlessly, and incoherently mutter or talk in a disconnected manner. This state may continue for from ten minutes to an hour or two but usually, in from three to five hours entirely normal conditions prevail. In *petit mal* the functions may not pass from control and there may be neither a cry or aura of any kind.

One of the most important diagnostic points is the manner of falling. In *grand mal* the patient *is hurled,* as it were, to the earth or falls prone—often on his face; in *petit mal* he sinks down as though pushed and thus generally escapes injury.

The physician may see in his whole practice perhaps a dozen cases of epilepsy and it is unlikely that two of them will present the same chain of symptoms. The convulsive movements in *petit mal* may range from distinct general convulsions to purposeless smackings of the lips and snapping of the fingers. The patient may crawl and "search" the floor or become fixed in a distorted heap with up-turned, wide-open eyes, set stare and flexed and rigid limbs. Quite often, after falling, the convulsive movement will begin around the eyes or in the fingers, the latter bending into the palm, the hand flexing on the forearm and the arm itself being then bent sharply across

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Myalgia: In the chronic forms xanthoxylin has done good; gr. 1-6 to j every two hours in hot water; or gr. v, t. i. d.

Myalgia: Acute forms are quickly relieved by ammonium chloride gr. xx every eight hours for six doses; best in hot water.

the chest—this in well marked cases.

While it is not usual for the physician outside of an institution to see patients just prior to, during and after a fit he will, by judicious observation and questioning, soon be able to decide as to the character of the seizure. Old cases of *grand mal* often present lesions (especially of the face) caused by falling constantly on the same spot. A bromide eruption may exist if the case has been under treatment.

It is not the writer's purpose to here accurately describe all the various forms of epilepsy. The Jacksonian type, is, in his opinion, not true epilepsy at all but a convulsive condition of a group of muscles due solely to abnormal conditions in the motor area of the cortex. A tumor, for instance, may, by pressure, set up this condition. Finally, the brain substance may become diseased and localized paralysis either take the place of or be added to the spasmodic affection.

Psychic Epilepsy is another phase of the disease which would require pages for even a partial consideration. The only point worthy of consideration here is the possibility that many of these conditions are not properly, "epileptic" in character. There is a vast difference between the case which presents the train of symptoms (or many of them) described above and the man who merely has periods of automatism or lapses of mental equilibrium. That the epileptic may also be thus affected is granted but it is not essential that every one who experiences "blanks", "dark periods" or "dual existence" should be an epileptic.

These cases require most careful study and it is possible that on receiving this they will be found to call for an entirely different treatment to that which will apply in most cases of epilepsy of the ordinary types.

One of the peculiar and diagnostic features of an epileptic seizure is the *aura*. In eighty out of one hundred cases some prior motor, sensory or intellectual disturbance will manifest itself. The term *aura* means "an emanation from a body, surrounding it like a vapor or cloud," but in this connection it expresses the preliminary disturbance (whatever it may be) which marks the onset of a seizure. The ancients considered that a "spirituous vapor ascended to the head" from the veins of the extremities, unconsciousness ensuing as soon as the brain was reached.

The *aura epilepticus* really marks the beginning of the attack and the prompt administration of vasodilators (glonoin, amyl nitrite, etc.) might frequently abort it. Strangely enough (it is said by writers upon this subject) sensory aura are more common in *petit mal* than in the more serious form of epilepsy. Visual aura predominate—flashes of light, rapid flitting of colors, "seeing stars," or even optical illusions of cats, dogs or other animals—but taste, hearing and smell are all apt to be affected.

This condition may precede the seizure proper but a moment or it may last for hours. Auditory aura consist of roaring in the ears, "sound of the sea" voices, etc. In one case of *petit mal* reported, the patient first grunted and then whistled a few bars of a popular air before each seizure—on this particular day he had five. Complete deafness and blindness may occur. The epigastric aura is fairly common. Here there is a feeling of gnawing, crawling or tickling in the

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Myalgia: Diagnose by negative pole faradic to contract muscles; cure by positive below contracting force.

Myalgia: Don't forget elimination; poisonous blood will irritate tired or degenerated muscle fiber and cause aching.

stomach which may later turn to a burning. A sour or astringent taste may accompany.

PATHOGENESIS OF THE EPILEPTIC SEIZURE.

That these and other disturbances precede or accompany epilepsy is natural when one looks upon the disorder as a manifestation of the presence in the system of an irritant poison which acts primarily upon this, that, or the other portion of the nervous system. That each explosion leaves behind it conditions better suited for the production of the toxin is evident and, where the attack is of a pronounced form and nervous disturbances and muscular commotion are violent, a repetition is probable within a short period.

In this way the status epilepticus is originated. The system is so charged with the toxic material that its absorption is absolutely constant. Under ordinary circumstances the system rids itself during a paroxysm and immediately after of the morbid material (or it is possible elaborates a neutralizing substance) but finally the metabolic processes generally become so deranged that normal functionating practically ceases. The irritant poison is not carried as such *via* the blood stream, but is taken up direct from the medullated sheaths and becomes an inherent part of the nerve cell; thus, if produced in any quantity, the entire nervous system labors under a profound intoxication.

If the various centers can be excited to the extent that causes an epileptic seizure by the stimuli carried by afferent (but healthy) nerve fibers from the seat of localized (and limited) toxic areas, what must be their condition when this toxin becomes an integral portion of a great part of the nerve substance throughout the body?

Paralyze or derange the nervous system and immediately you have circulatory chaos; interfere with the circulation and the elimination of effete matter becomes insufficient; permit retention of waste and you once more derange the nervous system, and so there is set up a condition which in its worst form can be remedied only by death.

Thus it is, that epilepsy once established is looked upon as incurable, and thus it is that the *status epilepticus* ends only when respiration ceases.

Spratling, in speaking of the epigastric aura, says: "Many patients suffer from indigestion, distention, gastric catarrh and flatulence. It seems now a problem as to whether these conditions precede or follow the initial manifestations of the fit. It seems rational to hold that while the flatulence itself may not induce the attack the *conditions which caused the flatulence may be to blame for it, for the reason that correction of the disturbances in the processes of nutrition often lessens or entirely removes the cause of the attacks!* All this points to the importance of studying chemic pathology as a cause of epilepsy—a vast prolific field as yet but little explored and still less understood."

In these few words Spratling practically endorses the theory advanced by the writer—a theory which does not by any means apply alone to epilepsy. In a recent study of that most remarkable product, lecithin, the fact that cholin (which belongs to the leucomaine class and is closely allied to muscarine) may be split off from this substance (leci-

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Myalgia: Meltzer's experiments indicate the possibility that epsom salt may be a good anodyne liniment here.

Myalgia: A full cholagog of emetine at bedtime—gr. j—will sometimes prove the magic touch that cures at a single dose.

thin) under certain conditions was discovered.

This alkaloid if injected into warm-blooded animals promptly produces convulsions and it is a fact that cholin has been found in the cerebrospinal fluid and blood of epileptics and others afflicted with nervous diseases. The presence of lecithin in the neurons is essential for the maintenance of normal functioning and in various nervous disorders this substance is decomposed. That cholin (a toxic and convulsant alkaloid and one of the component parts of lecithin) is split off in certain pathological conditions is known to be the case.

Have we not here the very toxin which sets up epilepsy? The effect of this toxic substance would be to set up increased excitability of the cerebral cortex and the whole train of symptoms (varying according to the severity or location of the toxemia) which we term an epileptic seizure would ensue.

Degeneration, shock, trauma, fatigue, alcoholism, sexual excess—all these and a score of other things which produce "nerve exhaustion" are given as being causative of epilepsy. In certain conditions of nerve strain the lecithin ordinarily supplied for repair becomes decomposed and one product of such decomposition is cholin—a convulsant alkaloid. That epilepsy follows is but a natural sequence.

It is unfortunate that we are unable to test the soundness of this theory promptly and settle its correctness once and for all time. The only method of doing so, however, is to treat a large number of cases of various degrees of severity and length of standing and draw our conclusions from the results as a whole. That one case or two improve under treatment means nothing, but if a score or a hundred epileptics cease to have seizures upon the reestablishment of normal metabolic conditions, and a sufficient supply of lecithin, then surely we may safely consider our theory correct and our method of treatment satisfactory.

And here, after all, comes the *crux* of the whole question. The treatment of epilepsy has heretofore been such an uncertain quantity that no two physicians pursue similar methods. To induce them to lay aside all preconceived ideas and treat not epilepsy but the conditions which give rise to it is an almost impossible task.

In Merck's Handbook (1905) no less than seventy-five remedies for epilepsy are given. The homeopaths have a score or two more, and the eclectic school can make some additions to the list. But the average man uses the bromides in some form and most authors recommend them; some in small and others in massive doses. Why?

Because they act "as a distinct depressant to the motor and intellectual portions of the cortex cerebri."

Because they "slow the development of thought and decrease the excitability and power of the motor cells of the brain" (Albertoni).

Moreover, the bromides depress the circulation. This should be remembered, as the danger of such depression will be pointed out later.

Now does it not look as though the bromides were given very much as morphine is exhibited to so benumb and deaden the centers that Nature's protest against existent abnormal conditions may

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Myalgia—Drop the silly and misleading title of muscular rheumatism and quit calling this malady neuralgia.

Myalgia: Take a glance at the rectum and pelvic viscera before you accept the diagnosis; you can't know too much about a case.

not be observed? Would it not be more rational to seek and treat the cause of the motor excitability, etc., than to so benumb the tissues that they refuse to act even under the stimulus of the toxin? Moreover, is it not evident that some metabolic derangement existing, it is essential that we keep open every eliminative channel?

If we depress, directly or by reflex action, the renal nerves we contract the arteries, lessen the flow of blood through the glomeruli and thus cut off elimination of urine. Moreover, it is a fact that prior to an epileptic attack the urine is devoid of uric acid and is otherwise abnormal. Is it not then entirely wrong to depress the nervous system for long periods and thus aid in the retention of waste?

It matters not where or how the urinary solids are excreted; depression means non-activity of the renal epithelium and a lessened flow of blood through the renal arteries. This condition can only mean a deficiency in the urinary output —aqueous or solid—and if we need anything in epilepsy it is *elimination.* Moreover, hepatic activity is lessened by the exhibition of the bromides and if we need anything in metabolic disorders (epilepsy) we need an efficiently acting liver. The bromides cause a "specific eruption"—they lessen elimination via the sudoriferous glands. In epilepsy we need elimination.

It is not necessary to carry the argument further; any man with even a bowing acquaintance with physiology and pathology will see the absurdity of the thing!

What we must do for the epileptic (and bear in mind that even under proper treatment results can only be obtained when degenerative changes have not progressed too far) is to (1) set up normal metabolic conditions, i. e., improve assimilation, elimination and circulation; (2) prevent the formation and consequent absorption of toxic matter in the digestive tract; (3) offer in a form ready for immediate assimilation the substances without which the neurons cannot functionate—lecithin; (4) maintain by the use of non-injurious remedies nerve equilibrium and rest; (5) prevent cerebral excitation, without depressing the cord; (6) insist upon a normal habit of living, and, finally, utilize suggestion to its full extent.

There are perhaps many ways of doing all this but as is usual some one way will prove better than the others and the writer has for some time past been working out a line of treatment which has proven effective, generally applicable and capable of administration anywhere.

Every therapeutist will recognize the fact that each case will require special study and the modification of treatment to meet the exact conditions present. It should also be understood that treatment must be long and faithfully followed and that any excess, exposure or improper act may cause an entire loss of the benefit secured. Finally it cannot be too strongly pointed out that failures will occur even in the most skilful clinician's experience and the average practician who thinks that to buy the drugs named and order their exhibition will be sufficient is foredoomed to disappointment.

THE TREATMENT OF EPILEPSY.

An epileptic case presenting itself, familiarize yourself with the history of the patient and minutely examine him

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Myalgia: A hypo of atropine into the affected muscle will do good in severe cases; beware of opiates in chronics.

Myalgia: The hot water bag and the ice bag run a close race as to efficacy; use the one the patient prefers; favoring heat.

physically. If there be a history of epilepsy in the family and signs of degeneracy in the patient, be very guarded in your prognosis and, while holding out hope of improvement, say nothing which will lead to an expectation of cure.

If the case is due to trauma (and the seat of lesion can be ascertained) a competent surgeon should pass upon the possibility of surgical relief. Abnormalities (gastric disorders, ocular defects, worms, phimosis, adherent clitoris, constriction of sphincter ani, etc.) should be corrected. Many cases of epilepsy are due to some reflex irritation and if the source of this is found and removed the disease promptly disappears.

Cases with marked mental taint and very aged or dissipated patients should be rejected or at best accepted conditionally. Cases of grand mal will require the supervision of an intelligent attendant and here again the prognosis must of necessity be guarded.

In cases of moderate severity occurring in comparatively young and normal patients this treatment should be instituted: A mild laxative and hepatic alterative (preferably small doses of calomel with gr. 1-6 of iridin—iris versicolor) should be exhibited hourly for four hours every third night. The next morning upon first awakening the patient should take a full dose of effervescent sulphate of magnesium in half a pint of hot water. The same night he should take an enema of two full quarts of *hot* saline solution. Each night and morning he should be sponged off with cool salt water, again with plain water and finally rubbed with alcohol and polished off with a rough bath towel.

On awakening, cactin, gr. 1-67, quassin, gr. 1-6, and juglandin, gr. 1-6, should be taken, and this medication must be repeated thirty minutes before each meal. The action of cactin is to strengthen and increase the nutrition of the heart muscle, thus improving circulation without whipping the organ. Quassin is a bitter stomachic tonic increasing appetite and improving the condition of the gastric mucosa, and juglandin exerts somewhat the same action and also stimulates glandular activity and increases the flow of bile.

Between meals (and this is the most important part of the treatment) a good preparation of lecithin must be given. Neuro-Lecithin has so far given the most satisfactory results. One tablet constitutes a dose and this should be crushed and swallowed with a little water. One hour later boldine, gr. 1-6 to 1-3, should be exhibited with solanine, gr. 1-67. This dose *must* be gradually increased.

The action of lecithin upon the system is too complicated to be explained here, but, from the remarks preceding, it will be understood that this substance is essential to the neurons and that its absence or deterioration means nerve disorder. In epilepsy it appears to be decomposed and one of its component parts, cholin, a convulsant alkaloid (leucomaine) is "split off" and probably causes the epileptic state.

Boldine is a most remarkable drug, acting not alone as a diuretic, but also as a cholagogue. It increases the output of urea, the flow of bile, and exerts a peculiar hypnotic influence upon the nervous system. It does not in any way increase the amount of urine, neither does it affect the circulation.

Myalgia: Temperature to be useful must be decided—very hot or cold; timidity becomes inefficacious here as elsewhere.

Myalgia: When grandpa shows how strong he was 20 years ago and is laid up with "lumbago," give the ammonium chlor.

Solanine (from Solanum carolinense) has been for some time highly extolled as a remedy in epilepsy, but its action has not been thoroughly comprehended. It does, however, undoubtedly depress the cerebrum, but exerts a somewhat stimulative action upon the cord. At present the writer is giving this drug as above for one week and substitutes therefor the next, verbenin (from Verbena hastata) in doses of gr. 1-3 to 1.

Verbenin controls the convulsions in *petit mal* with marked positiveness but does not in any way affect the system injuriously as do the bromides. It has, too, a sudorific action and seems to increase glandular activity. Under its administration old and severe gastric irritations have disappeared and several dry skin patients have come to perspire naturally. Here, it is likely, lies its value in this connection.

Finally, it is advisable to administer, after food, gr. 1-3 or more of papayotin with or without capsicum. This ensures the digestion of the food and an emptying of the stomach within a reasonable period.

Salt smoked meats, fats and all indigestible foods are prohibited. Fruit is ordered each morning with a well-cooked cereal and an egg or chop. Old bread (preferably whole wheat or brown) crackers or zwieback are permitted, but no pastry or hot bread or rolls. Celery, onions, watercress and asparagus may be eaten freely, but turnips, dried beans, or potatoes, should be avoided. Tobacco, coffee and alcoholics are absolutely "taboo."

One-half pint of water or milk must be taken with each meal and nothing save medicine swallowed between meals. The patient requires eight hours sleep (ten at most) and should retire early, rise early and get out into the open air. Deep breathing is beneficial at this time. Sexual indulgence should be prohibited (or practised with great moderation) and young boys and women should have the danger of certain habits explained to them.

Finally, study by artificial light is to be prohibited as is mental work for one hour after food. Anger, worry and gloomy surroundings are to be avoided. Under this treatment the attacks will lessen in number and in favorable cases cease.

THE PREVENTION OF ATTACK.

When an aura (well marked) is apparent to the patient he should on its appearance take gr. 1-250 of atropine and gr. 1-250 of glonoin and repeat this in fifteen minutes. Or, if the fit is on, the inhalation of the fumes of amyl nitrite will often abort it. The patient should carry the *perles* (holding five minims) and break one in a handkerchief, inhaling the vapor. If he cannot do this his friends should be advised to do so. It has been found an excellent plan to exhibit the glonoin and atropine at four-hour intervals for twenty-four hours prior to an expected attack (in periodical epilepsy) and twice the writer has broken up a series of seizures (*petit mal*) by giving a hypodermic injection of apomorphine.

In the above treatment no provision has been made for cases which are known to be due to syphilis. For instance, if the epileptic adult confesses to a luetic taint he should be placed at once upon an antisyphilitic treatment and it is in these cases that the combination of mer-

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Myalgia: Many a stray pain may be located in an overstrained or degenerated muscle by the faradic current; negative.

Myalgia: Faradic massage with the operator's hand is a very effective measure; rub in goose grease to nourish muscles.

cury protoiodide, stillingin and the arsenates of quinine, iron and strychnine, will prove especially efficacious. This formula has been for some time recommended by the CLINIC and clinical tests have but served to prove its infinite superiority over mercury and potassium iodide.

In children who possess a straight history of inherited taint, or in those who show signs of lues, the same course of treatment (modified to suit the age of the patient) will be imperatively called for. At the same time treatment for the epileptic condition should be continued.

One of the best methods of combining the medication is to exhibit with the "Digestive" tablet (after meals) one-half, one or two of the compound tablets containing mercury protoiodide, stillingin, quinine, iron and strychnine arsenate and nuclein. For children under five, one-half tablet is sufficient; from five to twelve one tablet may be given three times a day, and an adult may take one for two weeks then two for an equal period and then return to one for a month. A rest of ten days should then be taken and the course repeated.

Chicago, Illinois.

THE CURATIVE ABORTABILITY OF ANGINA PECTORIS WHEN TAKEN IN SEASON AND PROPERLY TREATED.

BY THEO. HOGAN, M. D.

TRUE angina, a rare disease, is characterized by paroxysms of the most excruciating pains in the region of the heart, extending into the arm and neck. The pain is undoubtedly in the cardiac plexus and radiates to adjacent nerves.

It was formerly an accepted fact that it was a cramp of the heart-muscle itself, thereby explaining the agonizing character of the pain, the suddenness of the attacks and their usually fatal termination. Another view was, that it was due to the extreme tension of the ventricular walls, in consequence of an acute dilatation associated with affection of the coronary arteries.

Traube, who supported this view, held that the agonizing pain resulted from the great stretching and tension of the nerves in the muscular substance. A modified form of the view is that there is a spasm of the coronary arteries with great increase of the intracardiac pressure.

Various forms of true angina have been recognized, but the differences are not sufficiently marked to permit a separation. Nothnagel makes reference to "angina pectoris vasomotoria." In this the attack may come on after exposure to cold. There is a general spasm of peripheral arteries with a sense of stiffness and deadness to the extremities, and pallor, cyanosis, and lowering of the temperature. The arteries are small and contracted. There is a feeling of faintness or even a loss of consciousness. With this there is a sense of pressure, tension, or even agonizing pain in the cardiac region. The pulse, however, is regular and there is no sign of disease

Hare confirms our statement that hyoscine and scopolamine are identical; supplied from henbane, stramonium and scopola.

For nervous cases who take anesthetics badly, the scopolamine-morphine method will prove of value.—*Therap. Gazette.*

of the heart. The condition is supposed to depend upon a widespread spasm of the peripheral arteries. I have never recognized a case of this kind, although certain of its features are not at all uncommon in the pseudoangina.

A case I have in mind at present was that of a Mrs. C. H., aged 35, mother of several healthy children and with a clearly-defined history. At the age of twenty she had been troubled some with heart pains and been relieved of same after treatment. No recurrence of these pains for fifteen years, although she had led a very active life. On January 12 of this year she was taken with a severe attack of pain in the heart. The family physician was called and prescribed for acute indigestion. The pain continued for several days, at frequent intervals, and became so intense that he was obliged to resort to hypodermic injections of morphine. After some ten or twelve days my opinion was asked, and I found as follows: That she suffered with agonizing pain in the heart, as if it had been seized in a vise. The pain radiated up the neck and arm and the face was of an ashy-gray tint.

During these attacks she felt as if death were imminent. The pulse tension was much increased and she displayed much anxiety and restlessness. After the attack there were eructations and passing of a large quantity of clear urine. Great exhaustion followed these attacks and as they constantly occurred (almost daily) she was bordering on a state of collapse.

Summing up, it was a case of true angina, and suggested the course of treatment of digitalin, etc. The attending physician being prejudiced against the use of digitalis, he finally decided to accept my views of her trouble and then took her to several well-known heart specialists in New York. The treatment accepted was that of dosing the patient with erythrol tetranitrate. After the first dose she complained of severe headache, second dose taken in four hours renewed the headache, and the third dose brought on such intense suffering that I was called to try to alleviate the trouble. Never having used the erythrol tetranitrate, I split the dose, then quartered it, and finally gave only one-eighth of a pellet which brought the dose to 1-6 grain, but still the same terrific headache as result.

After this the remedy was put aside and I then placed the patient on a very strict diet, leaving out all *bloating foods,* discarding all coffee, tea, wines or spirits of any kind, with perfect ease during day and if possible a few moments' walk in the open air. When she was too feeble she was placed at the open window, so she could get some of Nature's remedy—air and sunshine.

After several days sparteine was ordered in 1-6-grain granules. Two of these granules were ordered to be taken every morning, and during the day only when the patient felt that an attack was imminent. This treatment, with no further medication, was ordered, and diet, etc., rigidly enforced, when much to our surprise she quickly took a turn for the better. After the twentieth day she stopped taking sparteine, but started again five days later as she had a slight twinge. Since the beginning of the treatment she has regained all her lost weight and added 6½ pounds to her former 114 pounds. The precordial pain

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Nausea: For irritability from phthisis and other causes, zinc cyanide gives as good results as any hydrocyanic preparation.

Nausea: The dry retching, and nausea from organic brain disease subside under repeated doses of picrotoxin.

with which she suffered months prior to treatment has disappeared as well, as also has the doctor's faith in heart specialists.

The alimentary tract had not been neglected during the foregoing treatment, but I did not mention it, as I know that the readers of the CLINIC fully understand the value of the old "clean-out, clean-up and keep-clean" process as so forcefully put by Dr. Abbott years ago.

New York City.

We are, indeed, glad to have this paper, bringing out, as it does, not only many valuable points as to the disease, but in its treatment, a remedy of which all too little is known. Sparteine is a wonder, meeting many indications. It is the remedy of choice when you want heart slowing and regulation without raise of pressure; acting something like the combination of aconitine with digitalin.—ED.

SAPREMIA: A CASE.

BY WILLIAM F. WAUGH, M. D.

THE following case is presented as illustrating the powers of drug treatment in sapremia, and also its limitations:

The patient, a woman, 37 years of age, has had pulmonary disease for 12 years, following the birth of a child; a bronchiectatic cavity in the right lung, numerous attacks of pneumonia, with spells of dyspnea lasting for weeks, continuous for days and nights, restrained by the inhalations ordinarily employed for asthma, but under which the stridor increased until culminating in an attack of pneumonia. Climate has had no permanent influence for good. There has never been a characteristic asthmatic attack. Numerous examinations of her sputa revealed the presence of pneumococci, influenza bacilli, streptococci and diplococci; but during the last two years the first and second varieties have disappeared. There has never been a tubercle bacillus detected. Repeated attacks of pelvic inflammation followed a miscarriage eight years ago and a diagnosis of pyosalpinx has been made by several competent gynecologists.

The treatment of this case has been thorough and comprehensive (directed by Dr. Abbott); the elimination by the bowels, kidneys and skin kept up to the standard; the digestion maintained, personal and domestic hygiene and mental influences made ideal; and every possibility considered and given due attention. There being microbic infections, she received calcium sulphide to saturation, to which we attribute the disappearance of the infective microörganisms from the sputa and the cessation of active pelvic disease; the streptococci and diplococci remaining in the sputa being those ordinarily found in that of every adult. The last attack of pneumonia was notable from the absence of fever, the symptoms and course including recovery with almost typical crisis being otherwise as usual.

It seemed evident to the physicians in charge of the case that the pneumogastric irritation manifested by the dyspnea,

Nausea: Emptying the stomach by emetine is often needed; and small doses many times relieve without vomiting; gr. 1-67.

Nausea: Emetine for sea or car sickness, gastric indigestion, fermentation, overeating, alcoholism, pregnancy.

almost continuous for weeks, night and day, must be ascribed to a continuous cause, not in any degree "hysteria," not uricacidemia, defective renal elimination, or any cachectic taint. The whole round of antiasthmatic remedies had at various times been administered, but the only definite benefit ever secured was from cardiac tonics, each and every one of them; though thorough and oft-repeated examinations failed to detect any disease of the heart. All relaxants and all antispasmodics failed. Inhalants afforded temporary relief only. The intercurrent attacks of pelvic inflammation also ceased, though some tenderness with enlargement of the uterus and tubes remained. When the attacks of pulmonary engorgement occurred the one remedy that exerted appreciable influence over the condition was *calx iodata*—calcium iodized. Potassium iodide proved useless.

Despite the most carefully-arranged treatment by the tonic-nutrients the patient gradually failed in strength, until it became evident that she was slowly, but surely, slipping through our fingers. The periods of relief became less enduring and less perfectly marked, the terms of stridor worse, her pulse weakened to 116, her weight declined from 100 to 90; and the patient who had kept up with the bravery never exhibited except by these high-strung little women when they have everything else to live for but health, began to lose heart.

Our conclusion was that as the destruction of bacteria by the sulphide saturation was complete, as every function was maintained at the highest state of efficiency and all moral and mental and hygienic influences were absolutely faultless, there must be some source from which a dead, chemical toxin was being steadily poured into her blood.

We can reach any cause of disease that is yet within the grasp of the circulation; anything intravascular—but how can we project the effects of any remedy beyond these limits, into the extravascular, unorganized, *unalive* material? Only by mechanical means can such matter be influenced—we must evacuate it or inject into it chemical disinfectants. It was therefore determined to remove the presumed pus foci in the pelvis.

Some time was required to prepare the patient for the grave ordeal and the question arose as to her treatment during this period. What are our resources for combating sapremia? Here we find a great gap in our present knowledge of applicable therapeutics. We do not know what is the nature of the chemical toxins that are emptied into the blood, nor the remedial agents best fitted to combat the effects of each of them. Until this information has been vouchsafed us we are compelled to fall back on the old, abused shotgun method, as follows:

Digitalis has enjoyed some repute as a remedy for "septicemia," and we can now see why, because this sapremia weakens the heart and digitalis counteracts this effect. Echinacea has won considerable repute as a remedy for the virus of serpents, etc., and the vasomotor relaxation here evident leads us to hope there is enough analogy in this case to make this remedy applicable. Salicin has also been recommended for sepsis, and we add it. There may possibly be some lingering remnants of the microbic invasion yet alive, and we continue the calcium sulphide; and since the only or-

Nausea: For flatulence, sick headache, coated tongue, uterine, pelvic congestions and emotional nauseas, anemonin is fine.

Nausea: Acidity and gastric catarrh subside under the use of any salt of bismuth; a small dose every five minutes till effect.

ganisms still discoverable in the sputa are cocci, we think of pilocarpine. The French praise highly quinine hydroferrocyanide in septic conditions. No contraindication existing for any of these, a granule of each is administered every waking hour. *Calx iodata* is continued for its effect of relieving the dyspnea, and to encourage elimination. Diet and symptomatic treatment attended to as usual.

Under this treatment the patient improved remarkably. Every day saw a distinct and unmistakable rise in vitality and subsidence of the evidences of sapremia. Something in the prescription evidently "took holt." Had time permitted we should have dropped out each ingredient in turn until we could have ascertained to which the benefit was due. But even so, this would not have given us any important data, since it could not have been certain that any subsequent case was amenable to the same treatment. We will have to wait till the various toxins have been differentiated before we can fit to each its appropriate remedy. Besides, as long as the toxin focus remained, the benefit would be necessarily temporary—the clear indication was for the removal of the source of trouble. This was accomplished through the skill of Dr. Lanphear and his associates, Drs. Murphy and Amerland, by a vaginal hysterectomy.

The uterus was saturated with pus, abscess cavities in both broad ligaments, the ovaries disorganized and both tubes containing water, but all was sterile—the only organisms found being a few cocci which could not be cultivated, their reproductive powers being destroyed. They could not be definitely recognized but most nearly resembled pneumococci, or rather the diplococci ordinarily found in sputa. The results therefore fully bore out the correctness of the conclusions, previously reached, as above given.

Immediate and marked improvement set in, the patient's pulse returning to normal almost from the hour of the operation, the dyspnea disappearing, and the whole system reacting with a bound. Whether this presages a permanent cure it is too soon to say. But my point is that we are not yet at such a state of therapeutic development that we can do away entirely with the "shotgun" prescription—and this case seems a fair example of this fact. All the more shame to us when we employ it in the numberless instances where a really accurate fitting of remedies to conditions is practicable.

Chicago, Illinois.

REMEDIAL MANAGEMENT OF THE SICK.

BY THOMAS H. LEONARD, M. D.

MY attention was directed along this line, I think by my experience as a pharmacist, where I studied "official preparations" as a fixed system of medicine, from my experience with specific indications as taught by Prof. Ellingwood and your chairman, Prof. DuVall, from experience with the administration and physiologic action of remedies from the three schools

For obstinate urticaria nothing better than soda salic. gr. 1-2 every one-half hour.—Wherrell. Try the acid gr. 1-6 as often.

Neuralgia of face and head: Sp. gelsemium a drop every ten minutes.—Wherrell. Gelseminine, a granule as often, is better.

in hospital practice, and from my experience in practice studying the physiologic action of drugs.

Before proceeding I wish to state that the original work of such men as Prof Ellingwood, John Uri Lloyd, Prof. Kuznik, Prof. J. U. Roe and many pharmaceutic chemists, is to be admired.

For the past twenty years the medical profession have been so busy with microscopy, bacteriology, pathology, surgery, etc., that the remedial management of the sick has been either neglected or left to the manufacturing druggists; and while this condition of affairs might be pretty generally regretted, it may be all for the best, because this branch of medicine is so large that the average practician could not manage it, and all of the above subjects too, if he selected his drugs in the crude state; just as our President, Theodore Roosevelt, has so often stated, that corporations are to the business and economic world a necessity (managed properly), so in the medical world are the corporations of medical men who have the facilities and material for making the study of pathology, bacteriology, therapeutics, materia medica, etc. specially necessary corporations. For example: The Medical Department of the University of Chicago might be termed a corporation, as compared to the smaller schools of medicine.

In managing disease, armed with a knowledge of the sciences, 'ologies and 'isms, the practician after having done as the president of the American Therapeutic Society has mapped out in his Therapeutic Diagram, which is:

The Etiology produces
The Physiology is disturbed by
The Pathology is the result of
The symptoms are indications of
} The Disease

The Treatment {
Stop the Etiology
Help the Physiology
Remove the Pathology
and Ameliorate the Symptoms,

has left to his own good judgment and responsibility the remedial management. If there is a specific for the condition, as antitoxin in diphtheria, and he knows it, well and good; the problem is solved—and right here in this instance is my homely illustration of the need of a corporation exemplified, someone to prepare the antitoxin for the busy practician, as Parke, Davis & Co., Frederick Stearns & Co., and others.

Or, the condition may be one for which we have not as yet found a specific. Now the remedial management rests entirely with the individual doctor, with the individual case. We will suppose, as is usually the case, that the doctor has diagnosed the case properly, and the condition is acute; and he gives 5—10 drops of such-and-such a tincture every 4 hours in daytime, and the symptoms are not changed for the better; but the autotoxemia makes the patient feel even worse. The doctor is sent for again and he has read up on the case, and finds Prof. So-and-So gave infusion of X in his cases, with the best results. He doesn't say how he gave it, whether one dram or two drams t. i. d., or every hour; and you don't take time to look it up, but give it a dram t. i. d. The patient is no better, and finally Dr. B. is called, and he opens up the exits for the waste of the system to pass off, and has a good

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Nausea: In atonic dyspepsia with flatulence a granule of quassin in a little water settles distress and restores appetite.

Nausea: Can a person be nauseated whose intestinal tract is empty and disinfected, blood clean, eliminants active?

fresh preparation of Squibb's tincture of X, and he leaves orders to give gtt. v one-half to one hour till the pain ceases, the fever subsides, or till they see a certain symptom, then give the drug every 2, 3, or 4 hours—and Dr. B is retained. The only skill possessed by Dr. B over Dr. A was in removing the waste, selecting a more potent active principle of X, and getting the physiologic action therefrom.

This last point, the selection of a potent remedy, is what I wish to stand out more prominently than any other point in my paper. Is it any wonder that the tinctures of "X", "Y", "V", "Z" which have stood on the shelf for years, bought from a cheap-John house in the first place, did not give the physiologic action of the active principle of the drug named? Then, too, it may be that the desired action was impossible from that certain form of the crude drug.

To illustrate my last statement I will cite a case: Called to see a case in February, diagnosed as right lobar pneumonia, with mitral regurgitation (an old lesion), I anticipated great trouble with the heart, and made as I thought preparations for the same; and as I was always told that the fresh infusion of digitalis was the best, I made a fresh infusion and gave as high as five drams every three hours; with no results on the heart except what might be expected from the polyuria, due to the infusion, which carried out with it some of the toxins of the blood, which might have accelerated the heart-action. The heart was so bad that I called in a consultant, and he advised me to use some good preparation of digitalis. I had in my pocket-case some digitalin Gm. .001 in pill form, and we gave three milligrams every 2 hours. The pulse dropped from 144 to 98, from 10 p. m. till 8 a. m., with the medicine given till effect.

This was a puzzle to me, so I started to read up on digitalis in Potter's Materia Medica; and I found that the drug has no alkaloid (a good question on examination) but *four active glucosides*:

1. Digitalin: *Soluble in alcohol, almost insoluble* in water; possessing in a high degree the medicinal action of the drug, especially on the heart.

2. Digitonin: Insoluble in cold alcohol, soluble in water; the diuretic agent of the drug.

3. Digitalein: Its weak action on the heart is *not cumulative* and it causes no irritation when subcutaneously injected.

4. Digitoxin: Soluble in alcohol, quite insoluble in water.

Now, gentlemen, is there one student out of fifty who knows about the physical properties of these glucosides? I ask if two-thirds of the doctors in this room have not prescribed Lloyd's digitalis, so much, say, gtt. x—xxx in 4 oz. of water, and expected a heart-action, when in fact your digitalin and digitoxin are thrown down, precipitated, your physiologic action being diuretic instead of cardiac.

I had a case of anasarca in March, with a mitral lesion. I gave infusion of digitalis for the dropsy and digitalin for the cardiac trouble, and he improved from the start and has stayed helped. Now, gentlemen, I think these experiments are theoretically and practically correct. I appeal to you for correction. See Potter, page 301.

Take another example, hyoscyamus. The crude drug contains hyoscyamine, a

Nausea: All forms due to fermentation, gastric mycosis or catarrh, subside under the sulphocarbolates after laxatives.

Nausea: Car sickness and many other forms are quickly relieved by a few tablets of calcium iodized; quells acidity.

cerebral excitant, and hyoscine a cerebral sedative. Potter says the dose of the uncertain crude drug is from 2 to 250 grains. Gentlemen, I say, why not give them separately?

The next question asked will be, what are you going to do? I say, teach more of the alkaloidal physical properties and physiologic actions of the drugs. Give good remedies at any cost; give enough of the medicine, small doses, frequently repeated, to physiologic action. If you have nothing but a tincture and you don't know the strength of it, but the dose is 5 to 30 drops, who dares to say you cannot give more, if needed, in an individual case, if you know the physiologic action? Prof. Kuznuik says two forces that act alike, in acting together repel each other, and says this proves true in medicine; and two drugs having the same action, acting together repel each other's action. I prefer to be on the safe side, and use as few different drugs in the same prescription as possible.

Then I want to say to those who have no confidence in remedies, to study their therapeutics, and think of Osborne's diagram; and further to those who say 75 per cent of the acute cases get well without medicine, running their course, that if you are called and the symptoms are not relieved you will lose the case, even if they do get well; because you are called to stop the symptoms in most cases, and save life too, if you can. In other words you are called to manage a case of sickness, and if you remove your cause, help your physiology. And in the latter case I know of nothing better than opening the exits of the body, so the waste can pass off; and this should be done in a mild way, helping nature slowly. I know of nothing better than calomel, gr. 1-10 every one-half hour for 10 doses, which is antiseptic, diuretic, laxative, anc has many other good properties. Follow with a saline solution of some kind, and the physiology is helped. Removing the pathology comes mostly under the care of the surgeon. Ameliorating the symptoms can now be done in the 75 per cent of acute cases referred to, if the remedy is proper and active, and dose enough is given.

I hope I will not be accused of commercialism if I mention the names of houses whose drugs I have had do the work, which corporations if properly and ethically managed are a necessity to us rural practicians: Abbott Alkaloidal Co.; Lloyd's Tinctures, if used properly; Parke, Davis & Co.; Wm. R. Warner & Co. All charge big prices, but their goods are reliable; and if you go to a house with a $2.00 determination to help your patient, you will get the $2.00 and you can afford to pay good prices for drugs.

Lloyd says in Prof. Ellingwood's book (page 27) on Materia Medica and Pharmacy: "He who claims to be a pharmacist and yet slights the subject of quality of drugs (which is equal to potency), does no credit to pharmacy, and the physician who belittles this great subject is surely ignorant of its intricacies and magnitude."

New Holland, Illinois.

—:o:—

This excellent paper was read at the last meeting of the Illinois State Eclectic Medical Society—with a lot of other good papers. It brings out very strongly some points which we have been

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Nausea: Menthol relieves gastric flatulence and checks mycosis; a tablet every five minutes till a sense of gastric warmth.

Nausea: Ice water irritates the stomach; give small doses of very hot water and stop all other ingesta for a day.

preaching for years: First, that elimination is fundamental to the success of any treatment; get rid of the waste *first!* Second, it is the active principle that does the work—why not use it? And last but not least—cheap drugs do not pay. When human life is at stake and your reputation swings in the balance, you are not saving but losing by buying in the cheapest market—don't do it.—ED.

THE DUTY OF THE MEDICAL PROFESSION CONCERNING FANATICISM, FRAUDS, FOOLS, AND FADS.

BY Y. L. ABERNETHY, M. D.

II.

LEGISLATION and education are the keys to the situation. In Germany the claims of all patents and devices must be made good, or the price refunded and the proprietor be liable for prosecution for fraud. This commends itself as just and wise. We should and must have such a law if it is in the bounds of possibility.

The United States is the Mecca, incubator and preserver of all this diabolical brood of vermin, swine and vultures. With limitless capital they assume the role of trusts and buy and bully all opposition and legislation; just as in other lines the government itself is defied, party policy dictated and the rights and liberties of the people jeopardized by the execrable insatiate monopolies. It is here that fanaticism, crankism, freaks, frauds, fools and fads of infinite variety and number flourish, whose capacity for evil can scarcely be estimated.

Chief among them, as already indicated, are the so-called pseudo-scientific religious organizations, which under the guise of worshiping according to the dictates of conscience, assume as a very prominent side-line the practice of medicine, and the denunciation of the medical profession. But for the religious element the law would not recognize their right to treat disease by any method.

How shall we remedy these evils and eliminate from the body politic these vile, malignant, cancerous excrescences? As already indicated, the task is Herculean. Even in legislation vast difficulties are encountered. The average legislator is as obtuse upon such subjects as the general laity, and is liable to be tinctured with the fallacious doctrines, or a fear of results from antagonizing them. The promoters are alert, and are very much in evidence in our legislatures, to protect their interests, like the saloon element, with hard cash and vigorous work at the polls and in the legislative halls; while the temperance reformers hold aloof from dirty politics, moralize and rely upon faith and prayer, which, unfortunately, do not work in politics any better than they do in medicine.

I noted in the *Literary Digest* that an attempt to prohibit Christian Science and faith-healing by legislation, in New Hampshire was defeated. Numerous papers commended the action upon the ground of "worshipping according to the dictates of conscience," "the danger of a medical monopoly," "the desire and intelligence of the patient should dictate the kind of treatment received;" and

Nausea: When a patient can not bear food, stop it for 24 hours; giving nothing to eat or drink; enemas for thirst.

Nausea: Try in obstinate cases absolute rest for the rebeilious stomach; it will come to terms before two days elapse.

Mrs. Eddy, whose home is in Concord of that State, "was so liberal and doing so much to advance the interests of that city", etc. This shrewd business woman makes millions out of her book, "Key to the Scriptures" at $5.00 per copy, and various enterprises, depending directly upon the gullibility of her victims. "Lige" Dowie, the "Holy Ghost and Us" and all such cults resort to the same tactics. The whole fabric rests upon the fact "that a fool and his money are soon parted." They are simply experts in manipulating the bunco game, all in the name and for the sake of the Lord Jesus Christ. Oh! the infamies, cruelties, horrors, blood and war, agony and death perpetrated through avarice and ignorance in His holy name.

Money gives them prestige. It enables them to pose as great benefactors and philanthropists and to subsidize the press and legislation. The fact that they disburse immense sums in promoting their enterprises, quiets the suspicion that their motives are mercenary, and confirms the faith of their dupes. Of course they have a princely living, are worshiped as demi-gods, wield immense influence, enjoy a world-wide reputation and it is more than probably that a comfortable competency for them and their posterity will stick to their coffers. But suppose they keep none, then they are only emulating Carnegie, Rockefeller, and others with too much money.

What else could they do and sustain the illusion of being inspired? It is no small thing to be the receiver and disburser of millions. But it is universally conceded to be the most sought for and one of the greatest objects within the whole domain of human achievement. Their role pays hugely and is a howling success. Just any ordinary uninspired mortal, smart, slick and mean enough to sustain the hypocritical pretensions "of prophet and inspired writer" with the accruing emoluments, would not hestitate a moment to do so. That this is just their attitude is palpable to all but their deluded followers.

As legislation, honestly and wisely administered, offers the best remedy for these dangerous evils, it occurs to my mind that we need more and better medical politicians. As doctors are the salt of the earth, some of our best, brainiest men should be legislators, governors, congressmen, senators, cabinet officers, presidents of the United States—nothing's too big or too good for doctors. We should make our power felt in no uncertain way in naming those who wield the destinies of the nation. Municipal, county, state, and national medicine would be a specialty, and suitable talent so trained and developed as to be equal to any emergency—men of the Virchow, Woods, and Cunningham type, of versatile genius and giant achievements in all directions. Then, and not before, will our profession command the respect and influence so justly due it. Then will some great American doctor's name appear in the Hall of Fame. It is a burning injustice and flagrant ingratitude of a non-appreciative public that it is not so now. Then will golden opportunities be afforded to defeat charlatanism in all its hideous forms, and inestimable blessings accrue to the race.

Under the heading of "Frauds" we will embrace the whole catagory of imposters. But I wish to emphasize the irregular, unethical members of the pro-

Nausea: Iodide of potassium is not in it with calcidin to subdue gastric irritability; nor is cerium oxalate.

Nausea: After you have failed a lot, look for and remove the cause of the trouble; there's something besides drugs.

fession, who by hook or crook have diplomas, hence escape the jurisdiction of the state authorities. The poor, ignorant herb and voodoo doctors, who are caught by that law, are capable of but little harm, and that among the most inferior classes; while the other miserable, measly gang, by all the tricks, lies, and deception that a devilish ingenuity can devise, rob and fleece all grades of society in the most heartless manner. Their power for mischief to both the profession and laity is prodigious. It is here you will find your drug-habit promoters and users and the reckless operators. Here you will find professional abortionists and all-around crooks, whose horrible deeds are credited to the medical profession. Yet they are tolerated by the law and the profession and the laity cannot understand the distinction.

They flourish and prosper financially for a time (the stupid world's only standard of merit) and are liable to be emulated by the younger members of the profession who have to undergo the long, painful regime, ethical methods impose upon them. It is like the flashing jewels and gaudy apparel of the prostitute, tempting the poor virtuous girl. To yield in either case is equally disastrous.

It is a very poor law (for which our profession is responsible) that will not reach and silence every one of these dirty mountebanks, and in our medical societies that will not discipline severely any member who so far forgets his exalted position as to meet and consult on terms of equality with such curs.

As to "Fools"—some four centuries ago the peerless "Bard of Avon," was constrained to make the original impressive remark, "What fools these mortals be." Subsequent developments only tend to strengthen and confirm the statement. Especially is this true from a medical standpoint. The laity are fools and need the care and protection which is in the power of our profession alone to bestow, and duty demands it.

As to "Fads", the facetious Mr. Dooley says, "Medicine is all fads." "Last year it was arsenic, aconite, and belladonna; this year strychnia and prussic acid." And he might have added for the benefit of surgeons something about the rapid rise and fall of ovariotomy and appendectomy. He could have made some very funny, side-splitting remarks covering some phases of the serum-therapy fad.

I anticipate the verdict of the profession: Treat them with silent contempt. Don't dignify or advertise them by our notice or opposition. Don't fire Gatling guns at pestiferous vermin.

This is one view of the subject, and from others it is deemed worthy of serious discussion, and is given a great deal of space in the literary and scientific press of the world. It is not to be ignored as insignificant and puerile.

No one dares dispute the fact that great wrongs, injustice and dangers exist. It is our prerogative and duty to correct them. The time and opportunities are propitious for the great medical profession of America, in its reorganized, consolidated capacity, to move forward in solid phalanx, and compel the admiration and respect of the world by demanding and getting what we want and impressing it with our immense power and influence, politically, socially, intellectually, and showing our detesta-

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Nausea: A strip of mustard paper over the pneumogastric in the neck is far more effective than over the stomach.

Nausea: If you have nothing else handy, apply a piece of ice over the pneumogastric in the neck—either side will do.

tion of shams and imposters, and our solicitude for poor, weak, erring humanity.

Chattanooga, Tennessee.

We think our readers will join with us in indorsing this strong presentation of an important subject.—Ed.

AUTO-DECEPTION.*

BY A. J. PERKINS, M. D.

UNCONSCIOUSLY the physician is the subject of auto-deception at every turn of his therapeutic work. He needs to keep constantly in mind his liability to mistake the causes of the conditions presenting themselves during the treatment of his patients.

The great number and diversity of therapeutic agents appealing to him for recognition, tend to allure him from the field of certainity to that of experiment.

Confidential trust in the assurance of pseudo-medical agents and chemical companies, who know only the commercial side of the healing art, tends to lead the physician away from established methods and valuable time-tried remedies into the field of uncertainity. So varied are the conditions presented by the physician's clientele, that he must be ever alert, or his conclusions will be the fruit of auto-deception rather than the comprehension of legitimate causes. How easy it is to see therapeutic value in an agent when improvement in the symptoms follows its use. How often do we stop to inquire whether the agent used really produces the improved condition of the patient? Suppose we make the inquiry, how often can we answer it? How easy it is to assure ourselves that the treatment caused the recovery. How difficult it is to believe the patient would have progressed equally well with other treatment or with none. How many of us are willing to admit that nine-tenths of our medication only amuses the patient while he is getting well?

Look through our materia medica, and select those remedies known to be useful, known to have some definite power toward counteracting disease, and burn the remainder; how large a book would you have left? After learning that a medicinal plant is so weak in its action that others of much greater potency in the same direction are nearly always prescribed, why encumber our pages with the weakling, and ask our students to spend valuable time studying them?

Visionary individuals are constantly discovering some wonderful properties in plants long since discarded, and writing extended articles on new remedies that time proves worthless. The fact that a dozen patients get well while using a medicine is little proof of its value. Three-fourths of our eclectic materia medica had better be discarded and more study given the remainder. Always seek new uses for good remedies, also new remedies for old uses; but when a weakling is know to be such, drop it.

Our teachers should be certain that the recent graduates are so thoroughly acquainted with all standard remedies, that they will not become empirics by

*Read at the meeting of the Illinois State Eclectic Association.

Nausea: A cup of very hot clam broth has often relieved an exhausted stomach that would retain no other form of food.

Myalgia: Caffeine directly affects muscle fiber; give valerianate gr. 1-6 in hot water every one-half hour in fatigue cases.

running after every new thing that is advertised.

It is well known that the younger physicians require a much greater variety of medicines than the older ones. Why is it so? They have been taught to regard many of the weak remedies as indispensable, and spend many years learning better. They are fortunate indeed if they have escaped studying the publications of all the great manufacturing houses, who push anything that sells well with all the vigor at their command. Their advertising schemes are couched in the most seductive terms, and the hundreds of chemical companies consisting of one man each, may have impressed their minds with the vast superiority of their wares until they feel themselves invincible.

The older physicians of large experience have learned that every recovery is not the effect of the medicine used, but often the result of time, nursing and mild medication, with the assurance that the patient is being judiciously treated. Our older physicians, as a rule, have but few remedies for ordinary use, and depend upon them for their known effect. They have little use for drugs that produce no effect they can appreciate. They look with suspicion on the new fads of those advertising firms that resort to all kinds of schemes, that easily lead the unwary physician to prescribe their goods. Indeed it is difficult to draw the line of demarkation between the manufacturers of honest goods, and the patent medicine vendor.

The dominant school today discards its own teachings in the mad scramble for something new. What a sad commentary on their much vaunted superior therapy! If authoritative instruction is valuable, why discard it for some irrational imposition on the medical public, or an extra caudal appendage to some tiny microbe?

I would advocate a careful study of the known active portions of our materia medica, and the exact effect that each drug produces on the human organism. I would also advocate the study of all vegetable products that promise to be useful, promptly rejecting all weaklings. We claim to be specific medicationists; but how many drugs can you name that are specific for conditions existing in disease? They are soon counted and when found will make a book you can carry in your vest pocket.

We do not need remedies that are said to be specifics, only those proven such. Let us observe and think, until our specific materia medica has grown to respectable dimensions, and we will lead the world in the treatment of disease.

DISCUSSION.

Dr. Francis:—"I just want to say that that is the best paper I ever heard in my life, anywhere or any place.. I hope it will receive the proper recognition.

Dr. Dunn:—"There is one point in the paper which I think ought to be con? sidered, and that one is in regard to the advertising pharmacies. There are patent medicines which I would swear by the same as I would by lobelia and ipecac. If I find a medicine that helps me and my patients I believe it is my duty to use it."

Dr. Jentzsch:—"I want to speak from the view point of the young practician. I believe that young doctors oftentimes overdo things, but I think it wrong

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Myelitis: The phosphate of silver has been advised for relieving vesic and rectal symptoms and combating sclerosis.

Myelitis: Following injury give atropine to keep the system slightly under it for days; slight dryness of mouth suffices.

to say that medication as a whole is a humbug."

Dr. Guild:—"I have been practising some thirty or forty years; have been given up twice to die of consumption. I believe there is a root and cure for every disease, unless it is leprosy. I have been living with one lung for a good many years and I believe that the only way to live is by using drugs. I also believe in homeopathy, allopathy, hydropathy, and any 'pathy that will save life."

Plainfield, Illinois.

CHRONIC SUPPURATIVE OTITIS MEDIA.

BY G. E. GUINN, M. D.

THE parts involved primarily and most frequently, are the eustachian tube and tympanic cavity, with the membrana tympani. Later in the disease the attic space, the upper part of the drum cavity beneath the tegmen tympani, may be affected, and finally the mastoid aditus, antrum and pneumatic cells may be involved in the suppurative process, in the order named.

There is a group of cases in which the chronic suppuration is limited at first to the attic space, with, perhaps, some involvement of the aditus and antrum, the antrum or lower part of the drum-cavity, being free from suppuration and showing a tendency to remain free.

These cases are not numerous, but they form a most important class, as they are most invariably attended with necrosis in the head and neck of the malleus and incus. They lead to disease in the mastoid antrum, with risk of further mastoid disease, if not relieved before the necrosis advances backward toward the mastoid, or attacks the neighboring walls of the antro-tympanic space.

Any cause productive of an acute suppurative otitis media is competent to produce chronic otitis media. The most common causes assigned are coryza and the exanthemata, especially measles and scarlet fever, the latter being the most frequently assigned cause. Teething, diphtheria and typhoid fever are sometimes assigned causes of chronic otorrhea, and la grippe leaves with us many discharging ears. It is found in scrofulous, lymphatic, arthritic, herpetic, tuberculous and syphilitic disease, and is generally associated with nasopharyngeal catarrh.

On looking over the literature of suppurative otitis media one is impressed with the number of different plans of treatment recommended, and the great variety of medicinal agents, in the success of which their respective advocates seem to have implicit confidence. That many cases of chronic suppuration, even of long duration, are cured by these so-called conservative methods is well known to all. That many cases have been treated by such methods for a long period of time and still continue to discharge, is equally well known.

The great majority of cases found in the latter class undoubtedly accounts for the belief found both among the laity and physicians, that little or nothing can

Myelitis: Full doses of ergotin to contract vessels has been urged for acute and also for subacute forms; questionable.

Myelitis: Chronic and anemic forms have done remarkably well on silver oxide, a grain a day divided doses; or more.

be done for discharging ears. When a patient with a chronic suppurating ear applies for treatment, the first question to decide is not what remedy to use, but whether this is a case for conservative or surgical treatment.

As our diagnostic ability increases our reputations will suffer less from unsuccessful attempts to cure surgical cases by non-surgical means. In the present state of our knowledge it is not always possible to determine at the first examination in which class a given case belongs.

The pathological conditions which nature cannot be expected to correct without the help of the surgeon, may be enumerated as follows:

1. Bone necrosis, either in the ossicles, attic, antrum or mastoid.
2. Granulations or polypi within the deepest cavities of the middle ear.
3. Osteosclerosis of the mastoid.
4. A lining of the deeper cavities of the middle ear with epidermis, either with or without cholesteatoma.

Sometimes only one of these conditions is present; again all may be found in a single case. Sometimes the surgical cause of the suppuration is easy and sometimes difficult of recognition. When a surgical cause for the continued suppuration cannot be discovered, it is perfectly proper to treat the case conservatively until it is cured or until it becomes apparent that there is some condition present which will require radical measures.

The treatment of chronic suppurative otitis media may be classified as:

1. Mechanical, including attempts at cleansing and drainage of the cavities of the middle ear.
2. The use of medicinal agents supposed to have germicidal or healing properties.
3. The use of internal remedies, either for building up the general health of the patient or for their more direct effect upon the suppurative process.
4. The surgical treatment, which includes the removal of granulations or polypi from the auditory canal and middle ear, enlarging the perforation to secure better drainage, ossiculectomy, the removal of the plate of bone between the attic and the inner end of the auditory canal, and the radical or tympano-mastoid operation.

As distinguished from the ordinary mastoid operation, the tympano-mastoid includes not only a clearing away of all diseased tissue within the mastoid process, but the removal of the posterior and superior wall of the auditory canal, removal of the drum-membrane, malleus and incus, together with the outer wall of the attic. This turns the mastoid, mastoid antrum, attic, middle ear and auditory canal into one cavity, which is expected to become lined with skin.

Where to undertake the tympano-mastoid operation for the relief of chronic suppuration is a question which must be settled upon its merits in each individual case, but as a rule such an operation should be resorted to in all cases which cannot be cured by less radical measures.

As exceptions to this rule may be mentioned those suffering from well-advanced pulmonary or other organic disease, and the very aged who have had suppurative otitis media for a long time without apparent inconvenience.

In addition to the continued discharge

Myelitis: Strychnine is advisable in any but hyperinflammatory forms; give to secure full effects if at all.

Myelitis: Restore the nutrition after fever falls by zinc phosphide, gr. 1-6, an hour before meals and at bedtime for a week.

after other plans of treatment have been thoroughly tried, persistent odor is a special symptom pointing toward the necessity of radical operation. Odor means decomposition, and decomposition means accumulation, and accumulation means failure in the efforts to drain or disinfect the deeper parts of the middle ear.

Pain in the ear, in the mastoid, or in the side of the head may be slight or severe, may be continuous or intermittent. When present it points toward the necessity of an operation, but the absence of pain is by no means an indication that a radical operation may not be required. The same may be said of temperature, although it is the rule for patients with chronic suppuration, especially with odor, to have slight elevation of temperature at some time or other during every twenty-four hours.

Tenderness upon pressure over the mastoid as a symptom is unreliable, since it is found when the mastoid is not diseased and may be absent when the entire mastoid is necrotic, leaving only the outer table intact. However, as a general indication, tenderness on pressure when taken with other symptoms points toward surgery. When auscultation of the mastoid by means of the stethescope and tuning-fork shows any change in the normal density of the bone it is additional evidence of the necessity of operation.

The discovery of necrotic bone in the mastoid or deeper parts of the middle ear is a positive indication for the operation. When the perforation is of sufficient size, necrotic bone may be searched for with a probe, or the washings from the ear may be filtered and the debris examined with the microscope for bone cells. When the discharge is slight and evidence of necrosis is found in the ossicles the ossicles may be removed.

The prognosis in such cases is fair, but unless great care is used in the selection of cases for ossiculectomy will either not be cured or will later submit to a more radical operation.

There is as great danger from a chronic discharging ear as there is from an appendix in which there is pus formation, but too many of the profession do not as yet recognize this fact. Many an individual with such a discharging ear walks the streets or goes about his daily work, who, could he know the danger, would seek his physician.

MacEwen calls attention to the fact that such a patient may work at the severest labor up to the very hour of the rupture of an attic abscess. P. Mammond reports three cases of chronic suppurative otitis to demonstrate the necessity for prompt checking of the suppurative process in the ear. It is not enough that the external discharge of the ear has ceased, as it is possible for the disease to remain latent for years. There must be absolute cessation of crust formation before the ear can be considered safe.

A careful study of cases of long-continued suppuration will frequently show diseased bone as a cause of the chronicity. After some experience with the fine silver probes used for this purpose it is astonishing how often we will be enabled to detect the presence of caries of the ossicles, and even to tell with considerable precision its exact location.

J. C. Beck reports a number of cases in which he has experimented with radium. In some cases of suppuration,

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Myelitis: For the rest of each month after phosphide, give neuro-lecithin to sustain the tonic-nutritional process.

Myelitis: In chronic forms, a course of gold iodide will remove debris and powerfully stimulate nutritive processes.

both before and after operation, repeated exposures to radium rays might have improved the conditions, but the writer has been unable to formulate any rules for its application or foretell with any degree of certainty the result of treatment.

The direction of the eustachian tube is inward, downward and forward when the body is erect. Consequently if there is an occlusion anywhere along its course the contained pus will be bottled up and only so much of it will escape as can force its way through the drum membrane above the level of the upper portion of the tube. Therefore the abscess can never drain itself completely, but a certain amount of stagnant pus will always be present, undergoing putrefactive changes with all their evil consequences.

Syringing the ear as ordinarily practised for purulent otitis does not cleanse the middle ear and rarely reaches the eustachian tube. Consequently its value is extremely limited. Syringing the ear may bring about an infection of the mastoid cells, the very thing we most fear and most desire to avoid.

Chronic purulent otitis media is almost always accompanied by a salpingitis of the eustachian tube and unless this receives proper recognition it will be impossible to cure the otitis, as it will continue to act as a constant and ever-present source of infection for the middle ear.

To maintain an aseptic or antiseptic condition it is imperative that there shall be good and efficient drainage. This can only be obtained by having the eustachian tube thoroughly dilated and the opening in the drum membrane as large as possible. Dilatation of the eustachian tube may be accomplished by any one of the following methods, preference being given to the order in which they are mentioned:

1. By forcing air into it through the eustachian catheter by means of Politzer's air bag. Not less than twelve or fifteen insufflations should be given at a sitting.

2. By forcing air into it through the eustachian catheter at a pressure not to exceed twenty-five pounds. The air may be medicated by interposing a vaporizer between the catheter and compressed air tank. For this purpose there is nothing better than iodine. The dilatation should be continued uninterruptedly for a period from five to fifteen minutes.

3. By mean of insufflation with Politzer's air bag and a suitable nose-piece without the interposition of the catheter. To obtain the best results the patient should be made to swallow water simultaneously with the compression of the air bag. This tends to open the eustachian tube and shuts off the passages forward and backward. Twelve or fifteen inflations should be giving at one sitting.

There are still other methods, such as Valsalva's and the eustachian bougie, etc. which I will not take time to explain, as the ones already given are the best for dilating the eustachian tube and bringing about desired results.

Bethany, Missouri.

—:o:—

Personally, we have good results in mild cases of this trouble with calcium sulphide internally, cleansing the ear with hydrogen peroxide and the instillation of carbenzol. Of course the doctor's treatment is absolutely first-class. —Ed.

Myelitis: Picrotoxin has been advised; give it a trial as an eliminant and stimulant to the weakened tissues.

Myelitis: The man who for a moment forgets to make and keep the bowels clear and clean is not a real physician.

DEPARTMENT OF
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EXTRA-UTERINE PREGNANCY: PATHOLOGY, DIAGNOSIS AND TREATMENT.

BY A. H. CORDIER, M. D.
Professor of Principles and Practice of Surgery in the University Medical College; Chief Surgeon, Kansas City, Mexico and Orient Railroad.

A FEW years ago the report of a case of extra-uterine pregnancy was a rare event. Such reports are frequent at this time; in fact, one can scarcely glance over a medical journal without seeing one or more cases reported. It has been through this rehashing (so to speak) of this topic, that familiarity of the subject has been attained and the tabulation of good results made possible.

In ten years I have had an experience of sixty cases. The duration of pregnancy has extended over as wide a range as the location of the fetus has had in variety: from six months to two years—from a soft gelatinous embryo to a well-formed nine pound child; from a cob-nut-sized embryo in the tube to a full-grown child in the broad ligament. It is only in the tube ectopic gestation takes place, and all other varieties of extra-uterine pregnancy are made so only by rupture of the tube as the fetus develops. Tubal abortion (?) being the exception, this may be excluded from the list with safety.

It is evident that all cases of tubal pregnancy must rupture at some period, unless the growth of the fetus is stopped by some means, but the methods advocated to check the growth of the embryo are so uncertain in their results, so unsurgical and so dangerous to the mother, and the diagnosis so doubtful, prior to a rupture, that they are to be practically excluded from the management of these cases.

Intra-peritoneal is to extra-peritoneal rupture in the proportion of three to one. When rupture takes place between the layers of the broad ligament, the hemorrhage is limited by the resistance offered by the surrounding structures, death rarely occurring to the patient from this first rupture. The fetus may in this situation ("and in fact it is the only one in which it does,"—Tait) survive the accident and either continue to grow to the full period of gestation, or rupture secondarily into the full peritoneal cavity, and cause speedy death of the mother from hemorrhage. Jesop's and Hoffman's cases of abdominal pregnancy were cases where the mother survived even this secondary rupture. The fetus dies, as a rule, after the primary rupture or at a later period before the ninth month, often giving rise to suppuration in the leaflets of the broad liga-

ment, leading to pelvic abscess, which may at any time burst into the peritoneal cavity, producing a rapid septic peritonitis and death, or it may open externally by one or more fistulous tracts through the vagina, rectum, bladder or intestines. In rare exceptions the dead embryo becomes encysted and remains for years, placing the life of the woman in constant jeopardy. Cases terminating by suppuration are within the range of surgical interference.

The tubal mucous membrane plays a very trifling part in the forming of the placenta in ectopic gestation. The placenta in these cases is derived almost entirely from the fetal structures. The villi are developed early on the outer side of the ovum and receive the blood from the allantois. These villi insinuate themselves into the folds of the tubal mucous membrane. With the growth of the ovum these villi increase in number and size, the mucous membrane becoming thinner as the tube dilates, and less and less of this structure in any one locality enters into the makeup of the fetal attachments, so that ultimately the placenta when formed is, strictly speaking, made up only of fetal structures. Hemorrhages are more likely to occur in the latter months if the placenta is located above the child. This is due to the constant stretching of the peritoneum, producing a partial separation of the placenta the same as takes place in placenta previa. At the time of operating more danger is encountered from hemorrhage and wounding intestines if the placenta is situated above the child.

When rupture of the tube has occurred it does not necessarily follow that all maternal and fetal structures be entirely and instantly separated and the embryo dislodged. This process when the rupture takes place into the ligament, is, as a rule, a gradual one; some of the chorion will remain attached to the tubal mucous membrane until the embryonal structures have established an independent existence, the child then continuing to grow; if this process of expulsion is a rapid one, the fetus dies and an apoplectic ovum is the result; the hemorrhage is small or imprisoned or the bleeding may be profuse, killing the woman in a few hours. In the apoplectic as in the uterine abortion, the hemorrhage is likely to occur at any time as long as the ovum is not removed.

There is an authentic report (Tait) of a primary peritoneal pregnancy. The cases reported as such, where the child became viable, I believe were originally tubal, then intraligamentous, secondary rupture taking place, converting it into an abdominal. In these cases the placenta will be found to occupy a position below the fetus, usually in the bottom of the pelvis. When the tube ruptures into the peritoneal cavity, the hemorrhage is always of the most profuse character, killing in many cases within a few hours after rupture, unless saved by timely and good surgery. In rare instances, when rupture takes place, and even when there has been a profound shock from the traumatism and loss of blood, the patient may rally and recover entirely.

The peritoneum has wonderful resisting powers to septic invasion, if the poisonous material is against its outer surface. This membrane can be dilated and stretched considerably if only that process be a gradual stretching.

Myelitis: Be easy as to physics; a small concentrated salt enema is worth a whole lot here; acts even in paresis.

Myelitis: Bedsores are prevented by cleanliness and avoidance of pressure; use wire frame without mattress.

This is exactly what takes place during the slow growth of an intraligamentous pregnancy, where the protrusion of the embryo from the opening, at the site of the tubal rupture, has not been an abrupt process attended by a large hemorrhage. In intraperitoneal rupture the first bleeding may not prove fatal, after giving rise to the most alarming symptoms; but any moment the hemorrhage may occur and kill the woman before the surgeon arrives.

A hemorrhage occurring in the peritoneal cavaity differs from a bleeding occurring in any other part of the body; owing to the presence of more or less lymph in the air-tight cavity, the blood does not coagulate quickly, and the clots that are formed are soft and friable and not of that character to firmly exclude the open mouths of the ruptured bloodvessels and thereby permanently control the bleeding. They are easily washed away by the blood-current with the increased force of the heart's action after the subject has temporarily rallied from the immediate depressing effects of the first hemorrhage.

The diagnosis of ectopic pregnancy prior to rupture is attended with great difficulty and is rarely made. In many of these cases there is a history of some menstrual irregularity or deviation from the accustomed course in the case under investigation, such as the missing of one or two periods, or an irregular intermenstrual period or flow occurring in a woman previously regular, culminating in an attack of acute suffering in the region of either uterine appendage, accompanied by shock and symptoms of loss of blood.

The question of diagnosis is of especial importance in many of these cases, as upon a correct opinion hinges the management of the case. Many of these cases occur in remote country districts far removed from experienced surgeons, surrounded by unfavorable operative conditions. Many cases will present emergency indications to be met promptly by operative procedures; hence, the physician should thoroughly familiarize himself with the diagnostic evidence and the operative technic, that he may be able to grasp the situation and act promptly.

There are typical cases easy of diagnosis, made so by the presence of most of all the usual expected symptoms, while there are other cases where only a few symptoms point to the pathology.

A long period of sterility, when followed by the usual train of symptoms of pregnancy is justly looked upon as a valuable aid to diagnosis. The sterility may have been the result of a diseased condition of the Fallopian tubes; with a lapse of time this salpingitis has subsided in a measure or sufficiently to permit the entrance of the spermatozoa and the ovule. The ovule measuring one one-hundredth of an inch, while spermatozoa are only one five-hundredth of an inch in diameter, the ovule may enter the tube and not be able to traverse its entire length, meets the spermatozoon in the tube and finds a denuded spot on the mucous membrane, to which it implants itself for future development.

This theory of sterility for a long time, followed by the usual symptoms of an ectopic gestation, is of some value I feel sure, as in many of my cases there was quite a period of tubal inflammatory

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After labor examine the genital tract under good light and repair all lacerations within twelve hours, if possible.—Hammond.

Keetley advises appendicostomy for mucous colitis, amebic dysentery, obstipation, intussusception and colic syphilis. He forgot corns.

history and sterility prior to the tubal conception.

The menstrual history in many of the cases is absolutely valueless, while in others it is typical—many cases will not miss a period; a typical "extrauterine pregnancy menstrual period" is a scant flow or entire cessation of flow at regular period with an intermenstrual flow ten days or two weeks later, this flow not being so profuse as at the natural period, and less colored and freer from clots. This flow may continue for weeks at a time, each day having "just a little show;" at the second or third month there is frequently a decidual escape accompanied by uterine contractions simulating very closely a miscarriage. After rupture has taken place, this flow is usually increased and will continue for weeks, or until, in some instances, the ruptured tube and fetus have been removed. This is the class of cases in which repeated curettings have been resorted to in the face of a wrong diagnosis.

In most of my cases, the primary rupture has taken place before the ninth week, and quite a number as early as the sixth, and none beyond the fourteenth week. This rupture is marked by a pain, sudden in its onset, severe and prostrating in character, lasting from a few minutes to hours. The patient's general condition is usually much worse than that produced by an ordinary kidney-stone or other severe pain. There is a look about these cases that suggests profound shock, and that too before the hemorrhage has become so profuse as to produce the symptoms.

If the bleeding continues, the patient presents the usual condition of a bloodless subject: the lips are like those of an unpainted wax figure, the pulse continues to grow more frequent and less strong, the patient has a fainting attack and remains so for a much longer period than is usual in ordinary syncope from pain or other causes. The physical examination shows a mass on one or the other side of the uterus, extending into cul-de-sac. If the rupture has just occurred, no clots will be found, while if the rupture occurred several days before, a vague sense of resistance and gradual yielding is elicited on bimanual examination; this is almost characteristic of blood clots in the pelvis; when once felt it is easily detected ever after.

The attack of pain from the rupture may be repeated in a few days or weeks with the renewal of the above symptoms of hemorrhage. With the subsidence of the acute bleeding symptoms, the patient may develop a temperature, due either to the absorption of the fibrin or sepsis. A localized tenderness is usual a few days after rupture, but as a rule there is not much tenderness immediately following the rupture, showing an absence of inflammatory pathology as the cause of the pain.

Tympanites without tenderness is an early symptom following the rupture, and peculiar building up of the friable blood clots often takes place in the median line, the fluid blood gravitating into the loins.

The question of the treatment of these cases is so thoroughly settled that it admits of very little discussion. The technic of individual operators must vary according to the indications to be met in the midst of each operation.

In the *Indian Medical Gazette* we note a fine paper by O'Gorman on the treatment of cholera by alkaloids and intestinal antiseptics.

Lauder Brunton has shown that atropine exactly antagonizes the pneumogastric irritation constituting cholera.—O'Gorman, *Ind. M. Gaz.*

The operation of choice is a median suprapubic section with removal of the diseased structures. Vault-drainage in ectopic gestations is an incomplete procedure, attended with much danger at the time of operation, leaving the woman with a pathological condition that will, in most instances, continue to produce disagreeable or dangerous symptoms until the cause itself is completely removed.

Kansas City, Missouri.

WHAT IS SURGICAL CONSERVATISM?

BY C. P. THOMAS, M. D.
Surgeon to St. Luke's Hospital of Spokane, Wash.

ASK the average practician, whether he be from the country or city, his general views on surgery and he will very likely say, "Yes, I am a strong believer in surgery," but will add, "But I think it should be practised very conservatively."

It will be my aim in this short article to define the practice of some of these howlers for conservative surgery, and if possible to show wherein this form of "conservatism" is not conserving, but in fact is the reverse, tending rather to destroy; for conserve means to keep safe and sound, to save, to protect.

The practician is called to see a case in the throes of abdominal pain, which may be due to gastric ulcer or perforation, gallstones, appendicitis, a ruptured tubal pregnancy or anything in fact that can produce peritonitis. Without trying to differentiate he gives a dose of the ever-ready morphine, allays the pain, masks the symptoms, perhaps leaves a few more doses to be given later if required, and passes on to the next case entirely ignorant of the pathology he has left untreated in that abdomen; consoling himself with the belief that he has fixed that patient easily where "Dr. Cutter" would have rushed her off to some clean surgery and had her operated.

The next day he is again called and finds that all his morphine has been taken, that the relief was of but short duration and the patient is beginning to vomit, has much abdominal distension and altogether is quite ill. Then come the hot applications, cathartics, rectal injections, strychnine for the pulse, more morphine for the pain, and a large bunch of explanations about conservatism in the surgical treatment of such cases. He then goes home to a sleepless bed, only to await another call. This time he is told that the pain is gone and the patient appears brighter, but that vomiting continues, and her pulse is not responding so well to the heart medicine. He now finds the patient with general peritonitis, tells the family it is inflammation of the bowels and says while an operation might save, he doubts it, but says if they want it, that she cannot be moved, and that he will either do it or call some one to do it there. The latter is done and another half day is required to get this special, skilled operator, who when he arrives, by medical ethics and professional courtesy is compelled to tell the family that "all has been done that could have been" (when he knows he is lying) and that the patient is too weak to stand an operation. If he happens to be more cou-

Before inserting a hypo needle, apply a drop of chloroform to the skin; it is antiseptic and anesthetic.—Frank Pollard.

Week ending Dec. 23, Chicago health inspectors condemned 195,438 lbs. of meat at the Union Stockyards; 36,293 lbs. in the markets.

rageous than wise, an anesthetic is given, the abdomen opened to find pus and peritonitis galore which is followed by death in a few hours.

The conservative man now explains to the family, that at no time could an operation have saved the life, and signs the death certificate, "general peritonitis." In the hands of an expert surgeon, in a good hospital, this patient would have had only one or two chances in a hundred of dying while the so-called conservative treatment will show a death rate of eighty per cent.

When, Oh when, will the whole profession learn that general peritonitis is not a primary disease, but is secondary to local infection of some sort, which must be treated during that stage if a cure is to be expected and that this is the only treatment that can rightly be called conservative?

Another evidence of the wrong kind of conservatism consists of the following: A woman near forty years old consults her doctor for "womb trouble;" she is examined and told she has "ulcerations of the womb;" an application is made of some sort of medicated tampon, and she is requested to return every second day for treatment; this is continued until hemorrhages have about exhausted the patient, the entire uterus is involved in malignancy, and she is either referred to some surgeon when it is too late or told she is hopelessly cancerous and must relieve pain with morphine until she dies. Or perhaps it is not malignant but simple erosion and cervicitis, from lacerations easily curable by operation; she is treated at so much per treat, until in disgust she gives it up as incurable, finally dying of malignancy, or else drags out a miserable existence that might have been remedied early by proper surgical procedure. This man calls himself perhaps, a Non-operating Gynecologist, is capable of doing more harm in a community than a dozen petty larcenists, and until he can be exterminated or the lay public educated, a goodly number of death certificates will be signed, cause "cancer of the womb."

To enumerate and attempt to describe in detail the awful errors that are being constantly committed under the guise of conservatism, would require a volume of no small size. Roughly it may be said to apply with force to the non-surgical treatment of all forms of tumors wherever located, to congenital deformities of every kind, to the whole list of surgical tuberculosis, to every form of inflammation which is accompanied by pus, to all the maternal accidents of child-birth, gastric ulcer, gall-bladder disease, renal and cystic calculus, chronic hypertrophied prostate, strictures (wherever located) and in fact to almost every surgical ailment to which flesh is heir.

With a technic approximating perfection, in the hands of skilled surgeons the above enumerated conditions, operated early, as soon, in fact, as a diagnosis can be made, will give results so much better than we now get that no comparison can be made. Surgery will then be looked upon as a boon to humanity, and those who follow it for an occupation will receive the honor and recognition to which they are entitled instead of the abuse at present so often heard.

Spokane, Washington.

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There are no deaths more pitiful than those due to neglect or ignorance. It is

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Many affections of the eye are attributed by Elschnig to gastrointestinal autointoxication, even in hereditary syphilitics.

De Maurans, enumerating 22 fatalities from scopolamine-morphine anesthesia, terms the method notoriously unreliable and dangerous.

the physician's business to *know,* and knowing to act. If an operation is needed the patient should have it. On the other hand nothing is more despicable than an unnecessary operation, made for "revenue only."—Ed.

FISTULA OF THE RECTUM.

BY CHARLES J. DRUECK, M. D.

A FISTULA is a non-granulating sinus within the rectum or about the anus, with one or more openings. This condition is sometimes called fistula in ano, a term which is incorrect and misleading and should be discouraged as other tissues are always involved and the anus is not always included.

These sinuses nearly always result from an abscess in the perirectal or ischiorectal tissues which has opened into the rectum or on the skin-surface near the anus. When the abscess develops in the ischiorectal fossa, it burrows outside or above the sphincter; the levator ani muscle forms its upper limit, and the abscess extends along the lower surface of that muscle into the rectum, usually at the upper level of the sphincter. The resulting sinuses are large and often branched or multiple in number, and their external opening may be quite a distance from the anus. The whole perineum and buttock may be indurated and hard; or if the abscess has emptied and refilled several times, the parts become honeycombed with a great many fistulae which communicate with one another, or with a common abscess

Some part of the labyrinth is always forming an abscess, causing intense pain. As a result, the sufferer usually becomes an opium wreck. Kelsey reports between twenty and thirty sinuses in one of these cases. The sinuses thus formed do not heal spontaneously, because of the retention of septic excretions and feces in the fistulous tract and on account of the dependent position of the veins when the patient is sitting or standing, which causes a sluggish return circulation, the parts being constantly disturbed during defecation or by any movement of the pelvis or legs. The small exit of the fistula helps to retain infection except in a tubercular fistula where the opening is usually large enough, but the caseous degeneration of the abscess wall promotes a fistula.

The abscess may form anywhere about the rectum but is found most frequently in the following four locations:

1. Beneath the skin near the anus.
2. Between the mucous and muscular coats of the rectum.
3. Between the rectum and the levator ani muscle.
4. In the ischiorectal fossa.

Abscesses of the first variety are the most common and a resulting fistula is just beneath the skin and does not involve the sphincter. The internal opening is in the mucous membrane and within the grasp of the external sphincter.

Fistulas are classed in the following divisions:

1. Complete: (a) ordinary; (b) external; (c) internal.
2. Incomplete or blind: (a) external; (b) internal.

Gaulejac says French forests are less tuberculous than other regions. Bosh—they have less population.

Appendicitis, hepatic cystitis and gallstones are the work of germs normally found in the intestines.—Gilbert, *France, Med.*

3. Horseshoe.
4. Rectovaginal.
5. Rectovesical.

The ordinary complete fistula is a sinus with an internal opening into the rectum and one or more openings on the skin. This is the most common type of fistula and hence its name. An external complete fistula is one with both of its openings on the skin and not communicating with the rectum, while an internal complete is one with both openings within the rectum and not involving the skin. Not every fistula communicates with the rectum, although the great majority of them do.

An incomplete (or blind) external fistula is one which begins in the perirectal or ischiorectal structures and opens upon the skin but does not extend into the rectum. An incomplete or blind internal fistula has an opening into the rectum and a sinus extending into the perirectal tissues, but has no other opening into the rectum or upon the skin. It differs from the complete variety in that there is a broad undermining of the mucous membrane, instead of a narrow channel. The internal opening is situated often at the base of an ulcer or hidden in the folds of mucous membrane.

The horseshoe fistula is nearly always an old case and takes its name from its fancied resemblance in shape to a horseshoe. In this variety, the original openings have become blocked, and the retained pus has burrowed in a new direction and found an outlet. Thus a typical horseshoe fistula has one opening within the rectum and one or more external openings on either side of the anus. The pus burrows around the rectum in the loose areolar tissue and forms the new opening on the opposite side of the anus from the first. In burrowing, the pus generally passes posterior to the anus and very often the interior opening is found in the median line posteriorly. There are many deviations from this typical description, as a horseshoe fistula may have only one external opening and yet the pus may have burrowed all around the rectum and the resulting fistula be either complete or incomplete in form.

Rectovaginal fistulae are of two kinds: First, those high in the vagina; and second, those in the lower part. On the whole, they are uncommon. If the opening is small, there is little escape of feces so long as the stool is formed, but one of the most common and annoying symptoms is the escape of intestinal gas which produces a bubbling or hissing noise. The patient has, of course, no control over the escaping gas and the odor finally forces her to avoid society and to stay at home, until she becomes melancholy from brooding over her trouble.

A fistula in the upper part of the vagina is usually due to cancer of the cervix, which has generally progressed so far that curative treatment is out of the question. In the lower part of the vagina and vulva, fistula often results from imperfect union in trying to repair a torn perineum or from the sloughing of the septum after tedious parturition. Enterovaginal fistula or openings of the small intestine into the vagina, are traumatic openings produced during an operation, or else either congenital or artificial vaginal ani.

Rectovesical fistulae, like rectovaginal,

Asthma Paroxysm: Firmly compress chest so as to press out all air a few times; hands on front and back.—Morison, *Lancet.*

Mentagra: The iodides of iron, mercury, arsenic, and gold, calx iodata and iodoform, should be given in succession or as indicated.

are the result of either traumatism or malignant disease.

Fistula about the anus is a very old disease, being described by Celsus and Hippocrates whose etiology holds good today. Very few cases are seen early in their course by the surgeon, as the sufferer first tries all the domestic remedies, because of the old superstition that a fistula is the vent of the system for certain poisonous humors, which are retained if the fistula is healed and produce by their retention some other malady, of which consumption holds first rank.

The first symptom which attracts the patient's attention is the local abscess which has the symptoms of any collection of pus; namely, redness, swelling, pain and fever. The abscess ruptures and discharges its contents, relieving the local distension; the tissues are soft and tend to retract, and contract, leaving only sufficient opening to permit the exit of the subsequent discharges. The excretions of a recent abscess are thick, abundant, and constant, but as the lining membranes grow old and are covered with lardaceous granulations, the discharges become thin, watery and lessened in amount.

After the abscess has emptied itself, the patient suffers no discomfort except the purulent discharge which is always fetid in character and sometimes contains gas and feces, making it difficult to keep the parts clean. As the retained pus burrows, forming new abscesses and sinuses, the discharge gradually increases. When the discharge from a given sinus is small in amount and irregular in its outflow, the opening tends to become occluded and retention occurs; thus a new abscess is produced which ruptures through the old sinus or forms a new outlet. In this way two or more fistulae often connect with a common abscess. In any case, if the discharge ceases or becomes irregular, always new abscesses are to be suspected.

The incomplete internal fistulae are the most painful, because the retained pus causes pressure during defecation. Such a fistula can not be diagnosed until a digital examination is made and the finger when withdrawn is covered with pus and blood. Constipation is induced from fear of pain during defecation, and the sufferer often goes on in this condition for years before he seeks surgical relief.

Much valuable information as to the character of the fistula and its extent is learned from the patient's description. If a slight abscess, recently ruptured, and having a free discharge of a small amount of pus is found, a small fistula with openings near the external sphincter is indicated.

The position of the patient for examination is largely a matter of choice. The lithotomy position is more advantageous where the trouble is at the anus or not too far within. The Sims' position, the patient resting on the affected side, is preferred by many, especially when making a specular examination. When the trouble is high up within the rectum, the knee-chest position is better. No one position suits all cases and even during the examination of a given case it may be of considerable advantage to change the position, because the entire field must be explored. Even if one fistula is found, a thorough search

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Metritis; acute: Fever, headache, hard, wiry pulse, give aconitine or veratrine to effect, with local cleansing of endometrium.

Metrorrhagia: For acute flooding with straining pains, give a grain of emetine with precautions against vomiting.

must be made, for others or for other rectal troubles. With such an examination, the diagnosis is not difficult except in internal, incomplete, or in the horseshoe variety.

It is necessary to separate the buttocks by grasping the glutei on either side with one hand, the fingers reaching toward the anus, when by gentle traction the external fistulous opening, if near the anus, will be seen in a little depression or in the center of a mass of granulations in the radiating folds of the anus. The external opening may be, however, quite a distance from the anus even out on the thighs or legs, and be so small as to escape a cursory examination, unless a drop of pus be pressed out during the manipulation. It may be so small as to admit only a fine probe, except in the tubercular fistula when it is usually ragged or appears as though in the base of an ulcer. By palpating about the anus, the tracts may be detected subcutaneously by their hardness, and by a finger within the rectum pressing toward the induration a drop of pus will usually exude from the external opening.

The tract is sometimes direct from one opening to another, but there is not necessarily a sinus, the abscess may open directly on the surface. In a recent, straight fistula, the external opening is large. Sometimes the tract is very circuitous and the pus may burrow under the gluteal muscles and open in the groin, or on the thigh, even as low as the popliteal space. Sir Astley Cooper mentions an autopsy where a fistula opened into the groin, but he traced it back along the course of the spermatic cord and found it ended in apparently an ordinary fistula in the rectum.

The internal opening is frequently just above the external sphincter and is found as an indurated spot or a raised mass or else as an ulcer with rough edges. All ulcerated and inflamed spots must be carefully examined, because they often contain the internal opening of a complete fistula or of an internal incomplete.

In case the internal opening is not found, it may be located by injecting milk or some colored fluid through the external opening. The anus being dilated enough for inspection, the fluid will be seen as it comes through the internal opening into the rectum. Injecting hydrogen peroxide for diagnosis has been preferred because the gaseous disintegration dilates all parts of the sinus and bubbles through all the internal openings if more than one are present, but there is also the danger of driving infective material into new and healthy tissue. The short cylindrical speculum is especially serviceable in these cases. The internal opening is not always the upper limit of the fistula, for the mucous membrane may be undermined for several inches above the opening.

A word about probing a fistula: Probing at times other than when operating is objectionable and dangerous, because it is painful and may produce new channels and besides, affords no information but what is gained from careful inspection and palpation. If the probe is forced out of the sinus and into the tissues, it may mislead the examiner as to the condition of the old fistula, besides carrying infection into new fields and thus forming new sinuses. I never probe a fistula until I am ready to operate; nor do I hunt unnecessarily for the internal

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Metrorrhagia: For persistent oozing give hamamelin gr. j every half-hour till the benefit is evident, with proper posture.

Metrorrhagia: For free flooding requiring prompt and effective intervention, give atropine enough to flush the skin.

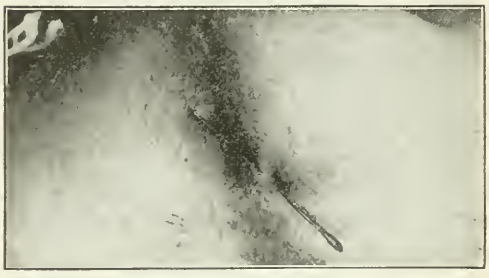
opening. It matters little whether one finds the internal opening or not before the operation, for when operating it is easily found.

Spasmodic contractures occur during examination if the patient is awake, which makes the examination more painful and dangerous, but when the patient is anesthetized and quiet, there is no trouble in tracing out any or all sinuses. When probes are useful, a large variety are essential from a fine silver probe to a large, soft uterine sound. The probe must be introduced carefully and without force until it has gone as far as it will, then with the index finger of the left hand within the rectum, one may find the probe projecting through the internal opening or in some instances, covered only with the mucous membrane or again, it may have passed away from the rectum and can not be felt at all.

Lardaceous granulations, the result of chronic inflammation, line the tract of the fistula and contain many new-formed blood-vessels. The granulations prevent healing of the sinus by keeping the walls apart. A recent fistula is, however, sometimes lined with healthy granulations which form new tissue, and such a fistula may heal spontaneously.

Blind internal fistulae are the most difficult to diagnose and are found only after a careful examination of the interior of the rectum. Any case presenting persistent uneasiness within the rectum and showing the presence of pus in the stool, unless otherwise explained, should be thoroughly examined.

The following case is cited to show how misleading examination may be: Mr. S. S. W. passed through a mild attack of typhoid fever and at the end of the third week developed a perirectal abscess which was lanced and which healed except a small sinus. From a pinhole opening of this sinus there exuded a discharge imperceptible in amount, but sufficient to keep the parts moist and fetid. A digital examination of the rectum some months later revealed a small amount of induration above the external sphincter, but no distinct cordlike sensation that would signify a sinus. The director was introduced and brought out at the margin of the anus, as shown



Location of Fistula.

in the illustration, and the tissues were divided along its full length, thus exposing a suppurating surface irregularly circular in outline, about one and one-half inches in diameter. All the edges and pyogenic surface of this ulcer were removed and the openings of two deeper sinuses were brought to view. The first tract led almost to the base of the urethra and important structures had to be separated to lay it open; the second penetrated the rectum just above the sphincter.

This latter opening was closed with chromicized catgut sutures after the method of treating rectovaginal fistula, and with the connective tissues sutured over the first stitches to give additional support. The sinus leading toward the deep perineum was packed wide open

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Metrorrhagia: Ergotin acts too slowly for acute emergencies, but may follow and prolong effects of atropine.

Metrorrhagia: Climacteric forms are said to respond well to cannabis—give enough to fully act; small doses do harm.

and allowed to granulate from its base. It is important to mention at this time that the finger within the rectum detected nothing that would suggest deep sinuses, but nevertheless two very important diverticula existed. Inspection of the case, as shown in the above illustration, gives the impression that this is a simple external, complete fistula which would heal kindly if divided on the director.

However, such an operation would have been worse than useless, because only the outer part of the sinus would have been treated and the case, doubtless, would have healed over only to reform again in a few weeks. The stereotyped operation as set down in the text-books, or treating the sinus by astringent injections, would have been a signal failure. This case is detailed and the illustration given to show that each case must be treated upon its own conditions. Frequently narrow-branched tracts lead off into the deep tissues and perhaps encroach seriously upon the vital organs.

Chicago, Illinois.

GUNSHOT WOUNDS AND A MOUNTAINEER'S METHOD OF TREATING SAME.*

BY CASSIUS DUDLEY MANSFIELD, M. D.
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IN this paper I will deal with gunshot wounds, other than those of the abdomen (in which the treatment which I advocate would not be proper), limiting myself to gunshot wounds of thorax, arm, thigh, head, etc.; but including also wounds made by arms of small bore: shotgun and revolver.

Wounds produced by rifle or revolver balls at full speed at the point of entrance are often small, circular, clean-cut and with inverted edges, but at the point of exit large, irregular and with everted edges.

As the distance from the weapon increases and the velocity of the ball diminishes so the wound of entrance becomes less circular and regular, larger and more contused the wound. When the ball has passed through the part the wound of exit will probably be larger than the projectile, more irregular, torn and everted than that of entrance, the subcutaneous fat often projecting; at times, however, with the bullet of the modern firearm discharged at full speed it is difficult to distinguish by its appearance the wound of entrance from that of exit. In the patient's clothing when the wound of entrance is merely punctured, that of exit will be lacerated.

The pain caused by a gunshot wound depends upon the parts that are injured. In a general way it is not severe, and when so, is evanescent; some patients have told me that it was a sudden, stinging sensation—others simply noticed that the limb or part suddenly became numb, with pain coming on later. When the trunks of nerves are divided or injured, intense pain may be felt and usually the patient complains of more pain being felt at the wound of exit than at that of entrance.

*Read at the Meeting of the Kentucky Valley Medical Association.

Metrorrhagia: Of the digitalis group, digitoxin is most vasocontracting; slow but hangs on like a bull dog.

Metrorrhagia: For prolonged and certain effect we rely upon hydrastinine, acting on smaller arteries.

Shock, when a large bone is suddenly shattered or a cavity penetrated or important viscus wounded or a limb injured by a pistol or rifle ball, is often profound—the most prominent symptom being the general distress of mind and alarm which the patient shows upon his face and which comes on almost instantaneously upon the receipt of the injury; this is generally described as the "shock of the gunshot wound." The patient trembles and totters, is pale, complains of being faint, perhaps vomits and sinks to the ground; his features express extreme anxiety and distress. This emotion is in great measure instinctive and seems to be sympathy of the whole frame with the part subjected to serious injury expressed through the nervous system.

As a general rule, however, the graver the injury the greater and more persistent is the amount of shock. A rifle or revolver ball which splits up a long bone into many longitudinal fragments inflicts a very much more serious injury than the ordinary wound from a shotgun at some distance when loaded with fine shot; and the constitutional shock bears like proportion to the injury received. When a ball has entered the body, though its course be not otherwise indicated, the continuance of shock is a sufficient evidence that some organ essential to life has been implicated in the injury.

I have seen in one case where a shotgun was used at short range the felt wad imbedded in the soft parts and when I removed the wad I found the edges of the wound were perfectly smooth and clean-cut as though a gun-wad cutter had been used to remove the tissues.

The amount of hemorrhage attending a gunshot wound varies according to the size and situation of the wounded vessels. When large vessels are involved death is rapid and such cases do not come under the mountain doctor's notice. In the cases that have come into our hands, there has been an attack of hemorrhage directly after the injury, but little more—possibly some oozing, but rarely much. I have seen more hemorrhage from a typhoid fever patient's nose than I have ever seen from any single gunshot wound. There is more hemorrhage when the blood-vessel is only partly divided than when it is directly divided as it has no chance to retract when only part of its caliber is carried away.

Secondary hemorrhage is common in gunshot wounds and is due as a rule to the reopening of a wound in a vessel temporarily closed or to the sloughing of some part of its walls that had been injured. In the former case the new tissue that had stopped for a time the flow of blood gives way under some sudden movement or local mechanical force, such as some foreign body in the wound, or breaks down during the suppurative or sloughing process; in the latter the injured coats of the artery are cast off, having been destroyed by some contusion or other violence. In either case the thrombus or clot in the vessel is not sufficiently well formed or organized to resist the force of the blood-current from behind; when the clot is well organized there will, of course, be no hemorrhage.

The first thing is to sustain the heart by whisky or glonoin, if needed, and the next step and that quickly, is to look out for the injured blood-vessels and arrest

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Metrorrhagia: Bleeding, hyperemia, cancerous or from fibroids, may stop from a maximal dose of morphine—a grain at least.

Scutellarin when pupils are dilated, patient sluggish, sleepy; cypripedin for contracted pupils, restless, insomniac.—Burdett.

the hemorrhage by torsion, ligature or allowing the artery forceps to catch the leaking blood-vessel and remain on until the patient can be moved to a suitable place to finish the dressing. No unnecessary manipulation of the wound with probe or finger is permissible, and unless the ball is near the surface it is best not to destroy any tissue in an attempt to remove it. When a foreign body has been detected (as pieces of clothing, dirt, etc.) it should be removed and the wound cleaned; then with a dusting can it is well to dust every portion of the wound that is accessible with pulverized carbo ligni until the wound is covered one-half inch or more. And as the charcoal is dusted into the wound it should be saturated with spiritus frumenti, and afterwards kept well moistened with same. Over this a piece of sterile gauze is placed and plenty of absorbent cotton. After the dressing is applied, the patient must be placed in the most favorable position to promote free drainage and if suppuration takes place (and it usually does) it is necessary to clean out the wound with dioxogen and irrigate with 1-2 to 1 per cent solution of the 40 per cent solution of formaldehyde.

Also it is essential to clean out the alimentary canal with 5 to 7 1-2 grains of calomel, combined with 10 to 15 grains of bicarbonate of soda at bed-hour, and follow the next morning with a tablespoonful of magnesium sulphate in a glassful of pure water. Quinine may be given as long as the patient has temperature above the normal, and when it sinks to the normal then it is advisable to substitute tonics of iron, nux, bitter wine of iron, etc. Keeping the patient on a liquid diet as long as the temperature is above the normal is desirable.

Stanton, Kentucky.

SURGICAL NOTES

X-RAY FOR TUBERCULOUS TESTICLE.

In a late paper, Professor W. B. DeGarmo, of the New York Post-graduate Medical school, reports what he believes to be the pioneer case of tuberculosis of the testicle successfully treated by the x-ray. The patient was a robust man, aged fifty-six, who had always enjoyed good health. He had gonorrhea twenty-five years previously, but denied syphilitic infection. For the past five years the left testicle gradually increased in size and was the seat of considerable pain. During the last eight months there was gradual decrease in weight. The testicle was the size of an orange, hard, nodular, and tender to pressure. After several months' delay the patient consented to removal of the testicle, which was done, and on examination it was found to be tuberculous. About two months later the right testicle became involved. The patient refused to have it removed, and the x-ray was applied. When treatment was begun the testicle was several times its normal size and had the clinical appearance of tuberculosis. One hundred and twenty-six treatments of ten minutes each were given within a period of ten months. A medium tube was used at about ten inches. The first application

For office dispensing disks and globules are a vast improvement over liquids in convenience and cost.—Harvey.

What does Howes say when the cork comes out of his tincture bottle and ruins his pocket-case? Too strenuous for publication?

relieved the pain. Swelling and tenderness gradually subsided, until at the last treatment the testicle was apparently in a "normal condition."

LOCAL ANESTHESIA IN OPERATIONS FOR HERNIA.

Dr. John A. Bodine, of New York, has now used local anesthesia in more than 300 operations for the radical cure of hernia. As a result of this experience he claims that by proper cocainization the operation can be rendered absolutely painless. He employs a one-fifth of one per cent solution and never injects more than one-half grain of cocaine, so that serious symptoms of poisoning never occur. This solution is used for skin infiltration and cocainizing the nerve trunks; for the deeper tissues a solution half this strength is used. The solution should always be fresh, as aqueous solutions of cocaine are certain to deteriorate.

The method is as follows: The skin is first infiltrated; the proper depth to which the needle is penetrated into the skin being such that the needle is always visible just beneath the surface. The skin having been anesthetized the needle is plunged through the skin and the tissues around the external ring are infiltrated. The skin incision down to the aponeurosis is then made. If there is much fat this is also infiltrated with a 1-1000 solution.

The ilio-inguinal nerve is then exposed and is cocainized at the higher point. The dissection can be carried out further into the external ring; the two flaps of fascia are retracted exposing the shelving border of Poupart's ligament externally and the conjoined tendon on the inner side. The ilio-hypogastric nerve can be searched for, and if found, cocainized; which will materially assist in securing painlessness of the operation. If it is not found the margins of the internal ring and the adjacent part of the conjoined tendon are injected with a one-tenth of one per cent solution.

Along the center line of the long axis of the protrusion, a line of infiltration with the same solution is made. The sac is then opened and the contents dealt with as occasion requires; there being practically no sensation in the omentum and intestines no application of cocaine to them is necessary. The neck of the sac is infiltrated, dissected away from the underlying cord, ligated and amputated. The genito-crural nerve is sought for, and if it is found and cocainized the operation can be completed in any manner the operator prefers without additional cocaine. If the nerve is not found, the operation must be completed as speedily as possible as there will quickly be a return of sensation. The ultimate results are as good as under general anesthesia.

REMOVAL OF PIN FROM THE LUNG.

A remarkable operation, removal of a pin from the lower lobe of the lung by transverse pneumotomy, is described by *Therapeutic Gazette* from the practice of Drs. Russell and Fox, of London. The patient, aged twelve years, was admitted to the hospital in September. Five weeks previously a large, black-headed shawl-pin had accidentally slipped down

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Harvey (*Los Angeles Jour.*) says granules may be carried or sent by mail easier than any liquids; and he is right. Big point.

Without much argument, I think we will agree that the highest branch of medicine is therapeutics.—L. Emmett Holt, *Med. News.*

the trachea. A week later cough, and later still bloody expectoration, set in. Fox found by the radioscope that the pin was in the left bronchus two and one-half inches below the bifurcation; subsequently it was found to have migrated further down. The symptoms were slight, and auscultation revealed nothing.

After some experiments upon the cadaver by way of preparation, the operation was undertaken. The patient was placed upon the right side and a flap raised. A portion of the left eighth rib six inches long was removed from the posterolateral aspect of the chest, and air was allowed to enter the pleural cavity through a small puncture. The pleura was then opened the full length of the wound. The fingers of the left hand were next passed between the lung and the diaphragm, the lower lobe grasped near its root and drawn toward the opening. The position of the pin was ascertained by gentle palpation with the right hand.

A small incision was made in the lung over the pin's head; a sinus forceps, unopened, was pushed in until the pin was felt, and by hitching the instrument under the neck of the pin the head was easily lifted out of the wound and the pin withdrawn. There was no hemorrhage, but an abscess had begun to form around the head of the pin. No suture was put into the lung.

The flap of skin was replaced and sutured except about two inches in the middle, over which portion oiled silk dressings were applied and a dressing put on. In this way free escape of air from the pleura was insured while entrance of air was discouraged. Some pneumonic consolidation took place, as did some suppuration around the incision, but no suppuration took place in the pleura. In twelve days the patient was able to leave the hospital perfectly well.

ENEMA AFTER ABDOMINAL SECTION.

After abdominal section cathartics can not be given early by the mouth on account of nausea. In such cases when it is desirable to secure bowel-movement the following enema thrown high into the rectum, may be given:

Epsom salt ...50 per cent sol.
Turpentine and glycerin, of each .....2 ounces
Water .....6 ounces

The injection is to be held in the bowel as long as possible by the patient. It is well to anoint the inner thighs and buttocks in order to prevent irritation of the parts should they come in contact with the turpentine by mischance.

GYNECOLOGICAL NOTES

PRURITUS VULVAE.

Itching of the vulva, especialy in pregnancy, may become so bad as to cause sleeplessness, loss of appetite and flesh and great mental irritation. In cases of such severity the patient should not be left to carry out the treatment herself but the doctor himself should at once practise Ruge's antiseptic toilet of the

With the belief that unless amenable to surgery treatment amounts to but little I have little sympathy.—L. Emmett Holt.

Attacks of acute indigestion in infants must be managed according to dietetic rules.—L. Emmet Holt, *Medical News.*

vulva: The vulva, vagina and cervix are thoroughly washed with soap, all folds and creases in the mucosa being opened up; then the vagina is freely washed out with a weak sublimate solution, at least 16 pints being used. This process lasts a quarter of an hour. One treatment usually definitely cures the patient, but Ruge usually performs the "toilet" two or three times, and applies to the vulva each sitting an ointment of carbolized vaseline. While there may be a purely nervous pruritus, the satisfactory effects of Ruge's treatment seem to show that, even in pregnancy where no objective local symptoms are present, the disease is often due to bacteria. For the less serious cases of pruritus vulvae, Skene advises:

℞ Acidi salicylici 5
Lanolini 95
Misce et ft. ungt. Sig. Apply three or four times daily.

FOREIGN BODIES IN THE VAGINA.

Foreign bodies are frequently carried in the vagina for years before they produce serious trouble. Orloff mentions the case of a woman of sixty-six who was admitted into the hospital suffering from pains in the hypogastrium and vagina and a fetid discharge. Married at twenty-six, she had her first child at thirty-four, and afterward suffered from severe pains in her lower abdomen due to prolapse of the womb. These pains became much worse after her second confinement, and the patient then herself introduced a croquet-ball into her vagina. From that time the weight and pains ceased; the functions of the bladder and rectum were not disturbed. On examination the vagina was found in a condition of senile atrophy; the finger impinged upon a round and hard body. The urethra admitted an ordinary sound, the urine was clear, and there was nothing abnormal about the rectum. On account of the senile atresia of the lower part of the vagina it was necessary to remove the round ball piecemeal, though it was quite movable in its place. A pronounced colpitis with some superficial ulceration was cured in five days. The ball had been more than thirty years in the vagina without causing any serious lesion. The wood of which it was made seemed in no way changed.

INOPERABLE CASES OF CANCER OF THE UTERUS.

When cancer of the uterus is advanced too far for curative operation, several methods of treatment promise prolongation of life and diminution of suffering. The most popular, perhaps, is the use of the Roentgen ray. If the ray could be applied directly to the diseased surface there is no doubt that cures might be effected in some deplorably bad cases; but the situation of the diseased area is such that the tube cannot be brought close to it—hence all that can be promised is the lessening of pain. In some cases the effect is very gratifying, relief from extreme pain often persisting for forty-eight hours after the seance. A low tube should be used, placed as near the vulva as possible, the skin being protected by thick plates of lead-foil and the perineum widely retracted and also protected; a glass speculum is generally employed. Fifteen minutes' exposure every other day is the usual rule as to time and fre-

Chronic or habitual indigestion has reference generally to one special element of the food; fats, CH or proteids.—Holt.

I often tell my patients that there is one sovereign remedy for acute indigestion, and only one, viz., starvation.—Holt.

quency, but if there be not too much reaction it may be used every day. A second method is the injection of 5 drops of a one per cent solution of soap into the tissues beyond the sloughing mass, the amount being increased 5 minims every other day until a full dose of 60 minims is reached. These injections were first made upon the theory of local injury or of defect of soap in the biliary secretion permitting separation of cholesterin from the living cell; but whatever the conclusion may be as to the correctness of the theory, in practice very beneficial results have been recorded. A third method consists of subcutaneous injections of 5 minims of a 20 per cent solution of chian turpentine in sterilized oil, the dose being increased 5 minims every other day until a dose of 20 minims is reached. Numerous favorable reports have been made.

GENITAL TUBERCULOSIS.

Primary tuberculosis of the female genitalia may be found in very young children, Demme having reported cases at seven and thirteen months. Other authors report tuberculous vulvar tumors in a child of two years and ulceration in a child of four and one-half years. Tubal tuberculosis is quite rare, however. Carpenter's method of combined rectal and bimanual examination revealed genital tuberculosis in all cases ranging in age from fourteen months to nine years. In the practice of McNaughton Jones in the youngest patient there was a hard mass in the umbilical and hypogastric regions with the right ovary adherent to it. As regards diagnosis, the most important thing is local examination of the vulva, vagina and portio vaginalis, assisted by a bimanual examination (through the rectum) of the uterus and adnexa under anesthesia; a microscopic and bacteriologic examination of some portion of the affected tissues is desirable, if obtainable as would be a similar examination of fragments from the uterine cavity after curettage in older patients. The presence of tuberculosis in other organs adds to the probability of the suspected growths being tubercular. The appearance of the ulcers, if present, is similar to that of tuberculous ulcers elsewhere. Much information may be gained by recognition of tuberculosis of the pelvic peritoneum,which almost always accompanies similar disease of the genitals, and which may, according to Hegar, be detected on internal examination of nodules that are almost pathognomonic. These nodules are found chiefly on the posterior surfaces of the sacrouterine ligaments and frequently the tube has the form of a rosary with very hard nodules. A nodule in the pars uterina is also a fairly reliable sign of tuberculosis.

URETHRAL CARUNCLE.

A caruncle is defined as a small, abnormal fleshy growth. By the term urethral caruncle is meant a small, bright-red growth upon the posterior lip of the meatus urinarius. Examination of the growths show them to be composed of the hypertrophied papillae. They are very vascular, very sensitive, and in some cases bleed readily if touched too roughly in making an examination. They are most frequent after 35 or 40 years of age, and in women who are married and

Pneumonia: Whatever is said theoretically no one with enough experience can doubt strychnine's efficacy for weak flagging heart.

Pneumonia: When the heart is wearing out, strychnine hypo must be pushed to the physiologic limit.—Kohn, *Medical News.*

who have borne children. They are probably due to a congestion of the urethral veins caused by pregnancy, uterine displacements or chronic constipation.

Irritation of the parts from diet, or certain vaginal discharges, such as gonorrhea, etc., may also produce them. Urethral caruncle may be single or multiple. It may be attached to a pedicle or by a broad base. The most frequent situation is at the external meatus, although they may spring from any part of the urethral canal. They vary in size from a pea to an olive. The size of the tumor bears no relation to the character and acuteness of the symptoms: a very small growth may be attended with great distress, while a large one may cause no symptoms.

Urethral caruncle doesn't always produce symptoms. Pain in urination is the most prominent symptom of a urethral caruncle. The pain may be slight in some cases, while in others very acute and severe. Again, the pain may be slight at first and then gradually increase in severity. Patients often complain of severe pain in walking or during the act of coition. Under these circumstances it is the mechanical irritation of the sensitive part which causes the distress. After a long time and much suffering the general health may give way and the woman becomes emaciated, weak and mentally despondent.

These little growths must be carefully differentiated from (1) syphilitic growths, (2) eversion of the mucous membrane, (3) papilloma and (4) malignant tumor. (1) Syphilitic growths are warty in character and are scattered over other portions of the vulva. (2) Eversion of the mucous membrane is a comparatively rare condition. It involves, as a rule, the entire circumference of the urethral canal and fills up completely the opening of the external meatus. Only a very large caruncle could be mistaken for eversion of the mucous membrane, as a small tumor would only interfere with the circumference of the external meatus at the point of its attachment. The differential diagnosis between a large caruncle and eversion of the mucous membrane is readily made with a bladder sound. In the former the sound will enter the urethra at any point except where the tumor is attached, while in the latter it cannot pass except at the center of the tumor which corresponds to the opening into the urethra; at no point along the edge of the meauts is it possible to introduce the instrument. (3) Papillomatous growths are harder and are inclined to become much larger, are much less painful and tend to exfoliate (4) Epithelioma of the female urethra is very rare, grows much more rapidly and soon involves the contiguous parts.

The prognosis is not good; however carefully they may be removed recurrence will follow in a large proportion of cases, and of this the patient should be warned. Pedunculated ones give best results. A caruncle situated high up in the urethral canal is more difficult to thoroughly remove, and is more likely to return.

The treatment of a urethral caruncle is purely surgical. A tumor with a pedicle is readily removed by grasping it with a pair of forceps and cutting it away from its attachment to the urethra with scissors curved on the flat. If the base be carefully burned with the smallest tip of a Paquelin cautery recurrence

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Before catheterizing inject tr. aconite gtt. x into rectum.—Wherrell. Better apply aconitine 2 granules in water to glans.

For tired feeling: Chionanthus, phosphorus, nux and xanthoxylum. — Wherrell, *Med. Arena.* Three granules each before meals.

is minimized. No dressing is needed as the raw surface left is too small to require any attention. In tumors having a broad base the technic of their removal is the same, except that the raw surface left is large and should be covered by stitching the mucous membrane over it, instead of cauterizing. This is the best method, as healing takes place at once; the stitches are removed at the end of one week. Another plan is to cauterize the raw surface with carbolic or nitric acid, and allow it to heal slowly by granulation, a method which may be adopted when the raw surface is not too large. Should there be any bleeding it is controlled with a compress and T-bandage. When the growth is situated high up in the urethral canal, the urethra must first be dilated and the growth removed through a small speculum.

CANCER OF UTERUS.

Prognosis after Hysterectomy.—Figures differ according to the skill of the operator and the kind of patients operated upon. Schauta reported that of all his cases of carcinoma operated on, the percentage of deaths from recurrences was 21.4 by the close of the first year; 39.2 at the close of the second year; 53.1, third year; 62.7, fourth; 66.4, fifth year, and 75 the sixth year. This is a much better average than Krukenberg's statistics. He found that only 17.6 per cent were free from recurrence at the close of the fifth year, of all the patients operated on in the German clinics for carcinoma of the cervix. Still even so small a percentage of cures as 17.6 entitles the woman to the benefit of radical treatment. If the disease were recognized earlier and instant operation insisted upon the ultimate results would be much more favorable.

GONORRHEA IN PROSTITUTES.

Pryor made a careful examination of 197 prostitutes with the following results: (1) Cervix-Uteri—Gonococci present in thirty-three and one-third per cent. (2) Vagina—In only one case was the germ found alone; in six cases it existed in conjunction with other germs. (3) Urethra—Out of the entire number examined, gonococci were found in 112. (4) Fifty-three of the above cases were kept under observation and at the end of five months the germ was found to exist in the cervix of seventy-five per cent; and in the urethra slightly less. This goes to show the correctness of Noegerrath's assertion concerning women: "Once a gonorrheic always gonorrheic."

TURPENTINE FOR POST-PARTUM HEMORRHAGE.

Turpentine is an excellent antiseptic agent; and *Pacific Medical Journal* now states that in post-partum hemorrhage the drug is a prompt and efficient remedy. A piece of lint saturated with turpentine should be carried directly into the uterus, so as to bring it in contact with the inner surface. In one or two cases where the patient was almost pulseless it seemed to act as a stimulant, but on no occasion did it fail to instantly check hemorrhage and produce contraction.

A physician should know just what a drug will do in a case before he gives it and see that it does it.—Wherrell, *Med. Arena.*

Two grains of ergotin three times a day will control many cases of the night sweats of phthisis.—*Medical Arena.*

DEPARTMENT OF
DERMATOLOGY, VENEREAL AND SEXUAL DISEASES
WITH A REVIEW OF THE LITERATURE OF THE WORLD
In charge of Dr. WILLIAM J. ROBINSON.
Address all communications designed exclusively for this department to Dr. William J. Robinson, 12 Mt. Morris Park, West, New York City.

THE TREATMENT OF SYPHILIS BY INTRAMUSCULAR INJECTIONS.

WHAT is the best method of administering mercury in syphilis? All syphilologists, all scientific physicians, agree that mercury is the remedy for syphilis. The number of antimercurialists is very rapidly diminishing and will very soon be reduced to a round figure—zero. But as to the best method of administering mercury, the greatest dissension prevails.

In France, England, and in this country, the method of administration per os is still in vogue and it will probably remain the favorite method with the general practician in all countries. It is the easiest method for the physician—what can be easier than writing a prescription? It is certainly the most convenient method for the patient. It is indisputably more convenient to swallow a protoiodide pill or a teaspoonful of "mixed treatment," than to rub in ointment or undergo a course of intramuscular injections.

But in treating a disease of such sinister possibilities as syphilis, convenience should be considered of secondary importance—of primary importance should be the efficiency of the treatment. In Germany, Austria, Switzerland, etc., the syphilologists are fairly evenly divided between the inunction and the injection methods, with the latter gaining greater and greater predominance. The great superiority of this method is also beginning to be recognized in those countries in which the internal method has held almost exclusive sway.

A paper by Dr. F. J. Lambkin, in the *British Medical Journal* (Nov. 11, 1905) is an important contribution to the subject. The author bases his report on 3,230 cases of syphilis in British soldiers.

Mercury per os and by inunction having failed to give the desired results, the intramuscular method was introduced in 1888, and the author claims great superiority for this method. He has given in all about 60,000 injections. About 10,000 were made of the insoluble salts of mercury—calomel and salicylate, and 50,000 of metallic mercury.

The metallic mercury was injected in the following form: mercury, half an ounce; lanolin, two ounces; liquid paraffin (containing 2 per cent of carbolic acid) up to five ounces by volume. The mercury is rubbed up with the lanolin in a glass mortar for two hours until no globules of the metal can be seen by the naked eye, and then only is the liquid paraffin added. [This formula presents nothing original. It is a slight

modification of Lang's Gray Oil, introduced by Prof. Lang of Vienna in 1886. —W. J. R.] Ten minims of this preparation contain one grain of metallic mercury and this is the maximum dose administered once a week. The injection is practically painless, very slowly absorbed, but is very active. No ill effects, such as local abscesses, salivation, emboli, etc., have followed the numerous injections given by the author.

The technic is that usually adopted for such injections: The solution is warmed before use, especially in cold weather. The syringe is of glass and the needles, of rather large caliber, of platinum-iridium. No sterilization of the "cream" is necessary, but the skin of course is asepticized, and the syringe and needle are washed out with boiling oil. The gluteal region is the best place for the intramuscular injections, which are continued weekly for six or eight weeks, until all active signs of the disease have disappeared, and are then given once every two weeks for three months. A rest is then taken for two months and then the fortnightly injections are resumed for another period of three months. It goes without saying that all adjuvant hygienic measures are not to be neglected.

THE EFFECT OF THE X-RAYS ON THE PROCREATIVE ORGANS.

As we were about to enter the Roentgen Institute of the Vienna University, in which several x-ray machines were going, we were stopped from proceeding further by an old nurse who quickly put a leaden apron about our loins, and told us that now we were all right and could go ahead. Everyone present in the room, with the exception of the afore-mentioned nurse, wore an impermeable apron. When I jokingly asked the nurse why she didn't wear an apron she replied smilingly: "Oh, it can't hurt me. I am an old woman."

They are very much afraid in Europe of the effects of the Roentgen rays on the testicles and ovaries, and in many clinics nobody is permitted to work with the x-rays unless properly protected. The danger is not problematic but has been positively demonstrated both on human beings and on animals. The effect is not on the *potentia coeundi* but on the *potentia procreandi.* The subject is not aware of any change in his condition, but the spermatozoa which are present are killed off and their production is stopped.

A patient of Mewborn's with psoriasis of the scrotum was subjected to twenty-five x-ray seances of five to eight minutes each and the result was complete azoospermia, which persisted fifteen months after the treatment was stopped. Ovaries of rabbits exposed to the x-rays show remarkable microscopic and macroscopic changes.

According to Halberstadter "the histologic change most marked was the complete disappearance of the Graafian follicles, in about fifteen days. Whether this loss is permanent or not, or whether or not regeneration can take place has not yet been determined. It was also found that the ovaries seemed more sensitive to the effect of the rays than the skin of the abdomen and when compared with control experiments in male rabbits, developed degenerative changes in shorter time and with fewer exposures. How far these observations in

Pneumonia: Caffeine hypo is excellent but must be guardedly given when there is delirium or restlessness.—Kohn, *Medical News.*

Pneumonia: In pulmonary edema, atropine and strychnine with glonoin in one hypo is an effective remedy.—Kohn, *Medical News.*

animals apply to human beings, cannot yet be definitely stated, nor is it known how permanent the effect may be."

At any rate prudence is the better part of valor, and as, fortunately, protection by the aid of an impermeable apron is so easy, there is no reason why all men, and all women (before the climacteric), who have to do with the Roentgen rays as manipulators or patients, should not be so protected.

At a recent meeting of the California Academy of Medicine, Dr. B. F. Carpenter stated that he knew of an x-ray operator who had no active spermatozoa in his semen as long as he was using the rays regularly. On discontinuing the rays, the spermatozoa reappeared.

THE DANGER OF CONCEALING A SYPHILITIC HISTORY.

One would think that when a patient comes to consult a physician for some ailment, he would be anxious to throw all possible light on his case, so that the physician might be in full possession of the facts, and do the best he can. Not so. How often do we come across patients who stoutly and with apparently perfect sincerity deny having been infected with gonorrhea and syphilis!

Syphilitics are especially apt to prevaricate; and this is so common an occurrence that in European clinics they have adopted the dictum: *"Omnis Lueticus Mendax*—all syphilitics are liars. How dangerous a denial of a previous syphilitic infection may prove to the patient is seen from a case referred to in the London *Lancet* (Nov. 25, '05). The case is as follows:

A man, aged forty years, who had chronic urethritis and stricture for which he had undergone operation, complained of loss of weight and strength. A painless enlargement of the liver had been detected by a genitourinary specialist. There was no history of alcoholism, syphilis or malaria. The complexion was sallow and the temperature and urine were normal. The liver was moderately and the spleen a little enlarged. A tentative diagnosis of congestion or early cirrhosis of the liver was made. Under treatment the patient improved.

Eight months later, when he was again seen, he had much changed for the worse. For two or three months his health had failed, he had lost weight and strength and had suffered from cough, night sweats, and pains in the lower part of the chest and right shoulder. The chest and sputum were repeatedly examined for tuberculosis with negative results. The patient was pale and sallow, but not jaundiced. The feces were scanty, dry and pale. There were a constant rise of evening temperature to 100 or 101° F., a morning remission to subnormal, and profuse night sweats, with occasional slight chills. The liver was moderately enlarged and had a well-defined margin. It was very tender, and on deep respiration, dragging pain was felt over it and radiated to the right shoulder and upper chest. The spleen was somewhat enlarged, palpable and tender.

Two months later light was thrown on the diagnosis by the detection of a small tender node at the costochondral junction. Only then did the patient admit that he had contracted syphilis eleven years previously.

Under moderate doses of mercury and iodide of potassium astonishing im-

Since Philadelphia has forbidden the sale of cocaine without a prescription, Camden pharmacies enjoy a disreputable boom.

The chief advantage of coal tars in pneumonia seems to be that they allow patients to die with normal temperature.—Baruch.

provement took place. After 45 grains of the iodide had been taken the fever disappeared. The appetite promptly returned and the pains ceased. In six weeks he gained 22 pounds in weight and in seven weeks the liver, which had measured six and three-quarter inches in the right nipple line, had receded to the costal margin and was no longer tender. Complete recovery followed.

Had the patient continued to deny his syphilitic infection and had the node at the costochondral junction not been found, the wrong treatment—because any treatment not specific was the wrong treatment in this instance—would have been continued until nothing would have been of any avail. In view of the well-known mendacity of many luetic patients, the custom of some physicians to order a course of specific treatment in obscure cases, which baffle all other efforts, is fully justified.

THE TREATMENT OF SYPHILIS.

This important subject is treated of exhaustively in one of Dr. S. Jessner's (Wurzburg) monographs for the general practician. As every one knows, the treatment of syphilis is comprised in two words: mercury and iodine. While the remedies are definite, the modes of application and administration are many and require judicious discrimination.

Mercury may be introduced into the body by several ways: It may be given internally, externally, subcutaneously, intravenously, or it may be injected into the muscular tissue.

The internal method is not in favor in Germany. The protoiodide of mercury is a good preparation for this purpose, and is usually combined with a little opium, as a corrective against the cathartic by-effect.

℞ Protoiodide of mercury, 5 to 8 grs.
Powdered opium, 3 grains.

Make 30 pills. S. One to three pills daily after meals.

For children the powder form is necessary.

℞ Protoiodide of mercury, gr. 1-6.
Sugar .....gr. 5.

Make one powder. S. One-half to one powder three times daily.

The tannate of mercury is also very useful for internal administration.

℞ Mercury tannate ..... 45 grs.

Make 30 pills. S. One pill two or three times daily.

Or the salicylate of mercury may be given in the same way.

For children, calomel in small doses is a favorite method of treatment and is well tolerated. One-tenth to one-sixth grain is given with sugar in powder form, three times daily. Very small children get half this dose. Finally the bichloride may be administered, but its caustic effect on the mucous membranes is against its routine use. It is given in pills or in solution, freely diluted when taken.

The choice of a mercurial preparation for internal use is governed by various factors such as individual tolerance, by-effects, therapeutic results, etc. No hard and fast rules can be laid down.

Mercury can also be given in suppositories:

℞ Blue ointment .....45 grs.
Cocoa butter .....15 grs.

Make one suppository. S. Insert one daily.

The best-known and undoubtedly very

Erasistratus prescribed fasting as the most efficacious remedy in all febrile and inflammatory processes.

The fasting patient is scavenging on and thereby eliminating the impurities with which his system is saturated.—Page, *Med. Record.*

efficacious method of treatment is by inunction of mercury. Either the blue ointment (33 1-3 per cent strength, according to the German Pharmacopeia) or mercury vasogen, or mercury resorbin, may be prescribed for the inunction; or the mercurial soaps may be used in the same manner. The single dose varies between 15 grains and one dram. It is rubbed in once daily, on different parts of the body. The patient should do the rubbing-in himself. After seven or eight inunctions, one day is set aside for a bath, no mercury being rubbed in. As a rule, four to six such "cycles" or "courses" are necessary, comprising 28 to 42 inunctions. While under this treatment, the patient is enjoined to use potassium chlorate (5 drams to one pint of water) four to six times daily as a mouth wash, not to smoke, and to live quietly and regularly.

The inunction method while reliable has its serious faults. It is uncleanly, takes up much time, is not well borne by some skins, etc. Hence the recourse to other methods of externally applying mercury. One such consists in baths medicated with bichloride of mercury, one to two drams to a warm bath (8 grs. to 1-2 dram for children). The patient remains half an hour in the water, and the bath is taken daily. The results are often excellent, especially in children with hereditary syphilis.

There are also other ways of using mercury externally, for instance, the mercurial plasters of Unna, which are worn for days over large areas of the body; then the mercurolint apron, consisting of a bag filled with mercurial powder and worn on the body for two or three weeks, the evaporated mercury being taken into the lungs with the air. These methods may here and there prove valuable, when the others are not well borne.

More important is the subcutaneous or injection treatment, now coming into extensive vogue. Either the soluble or the insoluble mercurial salts can be used for this purpose. The following is a popular formula:

℞ Corrosive mercuric chloride, 5 grs.
Sodium chloride .....45 grs.
Distilled water .....1 oz.

Fifteen minims of this solution containing about 1-6 grain sublimate, are injected daily. The injections are best given deep into the muscles. The needle should of course be aseptic, and each patient ought to have a needle for his exclusive use. The best site for these injections is the gluteal region, especially its upper and outer parts, where an inflammatory reaction, should one occur, will cause the least discomfort in sitting. So much for the soluble mercurial preparations.

Very much favor has been accorded to the insoluble compounds, especially the salicylate. The following mixture is a good one:

℞ Salicylate of mercury ..15 grs.
Liquid paraffin .....2½ drs.
S. Shake well before using.

Of this 8 to 15 minims are injected once or twice a week. Calomel, too, may be used to advantage in urgent cases:

℞ Calomel .....8 grs.
Olive oil .....1 dram.
S. For injection: 8 to 15 minims once a week. The preparation should be freshly made.

It is necessary to employ somewhat

Bayard Holmes advocates short narcosis, incisions and stay in bed after ideal operations. So do we; none at all still better.

In imminent abortion Boldt advises rest in bed and codeine gr. 1-3 to 3-4 every 3 to 4 hours for 3 to 6 doses.—Med. Record.

thicker needles for insoluble salts of mercury, but otherwise the technique is the same as for the soluble compounds.

Reviewing the faults and virtues of the different varieties of mercurial treatment, the author very justly remarks that we possess several reliable methods, not in order to become a partisan of any one of them, but in order to adapt each to the peculiarities of the individual case. All are good, and yet all may be bad occasionally. Then it is that the physician must be thankful for the choice at his command.

We come to the other pillar of syphilis-therapy, namely iodine. There are several preparations in use, but potassium iodide still remains the most reliable. The dose varies from ten grains to one dram. It is hardly necessary to add that iodides are best given in milk or water, always after meals. For hypodermic use, iodipin (25 per cent) can be recommended, one or two drams every other day.

Iodine and its preparations are not competitors or rivals of mercury in the treatment of syphilis. The two supplement and assist each other; mercury being more of a specific in the early stages, while the iodides are best against the later manifestations of the disease.

There is still a momentous question to be answered: When should the treatment of syphilis commence? As a rule, not before the eruption of the secondary manifestations. Only when the chancre tends to progressive destruction and resists all local measures, may the general antisyphilitic treatment be installed before the eruption. [With this advice many excellent syphilographers disagree emphatically.]

As to the duration of treatment, the author warns against stopping too soon. Often after the eruption has apparently been removed, a microscopic examination will show groups of cells remaining behind at the site of the former eruption, and these cell-groups are the starting points of relapses. Thus to illustrate, on the site of the first chancre there often develops later a gumma. Hence treatment should be continued until even these microscopic traces are no longer to be detected.

We have so far discussed the general treatment of syphilis, which is the most important one. Still, the local lesions also call for therapeutic measures. For the initial chancre, for ulcers, large papules, etc., the best application is mercurial plaster, provided it can be made to stay on. When secretion is profuse this is impossible, and we have to resort to salves, powders and washes. Bichloride of mercury, 1-2 per cent, is an excellent wash for syphilitic lesions, and calomel equally efficient as a dusting powder. Syphilitic glands are covered with mercurial plaster, or some blue ointment (not more than 8 grains daily) is rubbed into them.

Syphilitics should not marry before a period of four, or better five, years has elapsed from the date of infection, provided the patient has remained at least one full year free from relapses and had undergone the regular treatment. When the conditions have been complied with, marriage may be permitted, though even then no guarantee of safety can be given, syphilis being a treacherous and lingering disease.

That the marriage of an uncured syphilitic may be and often is disastrous to

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Has any reader tried saturation with calcium sulphide in treating scabies? It should prove an ideal method.

Nano and Mironesco have proved that the secretion of HCl is increased by its own administration and that of bitters.

his offspring can not be too strongly insisted upon. The physician has a moral responsibility in these cases.

THE URETERAL CATHETER IN THE DIAGNOSIS AND TREATMENT OF KIDNEY LESIONS.

Dr. L. W. Bremerman discusses (*Amer. Med.*, Dec. 9, 1905) the ureteral catheter and its importance in the diagnosis and treatment of kidney lesions. His conclusion is that the catheterizing cystoscope will be of far greater value in the future, when its manifold advantages are clearly demonstrated and accepted by the general practician and the specialist. The technic of the procedure is extremely important, rigid asepsis being a *sine qua non*. So far as diagnosis is concerned, the ureteral catheter is important in that its use informs of the conditions existing in the kidneys, whether or not one or both are involved, and to what extent the pathologic lesion has progressed and also whether there are two kidneys present. Nephrectomy should never be performed without definite knowledge as to the extent of the pathologic lesion in the diseased kidney, and the exact condition of the other, if it be present.

Inflammatory conditions of the ureters, the pelvis or the kidney, are diagnosticated from the microscopic findings, and the author differentiates between the distinct purulent condition and a catarrhal inflammation. The first condition, catarrhal pyelitis, is evidenced when the microscope shows epithelial cells from the renal pelvis with the presence of little or no pus, together with mucus. Pyelonephritis signifies a similar condition with epithelium from the tubules, albumin, and frequently casts; and these are the cases in which treatment by pelvic lavage is giving good results.

Lavage is performed by injecting antiseptic solutions through the catheters, using the greatest precautions. A glass syringe of about 100 Cc capacity should be used, fitted with a needle which will pass into the end of the catheter; then, with gentle pressure, 5 to 10 Cc should be injected, and this allowed to run out before it is repeated. After a few treatments, a patient will stand as much as 30 or 40 Cc. The author prefers silver nitrate (1:8000 to 1:1000 in a saturated solution of boric acid) or protargol, at the temperature of about 100° F. Upon withdrawing the catheters, the injection is continued, irrigating the entire length of the ureters. After the patient has emptied the bladder, the urethra and the bladder are washed with a solution of silver nitrate, about 1:5000, by the Janet method.

At each catheterization a sample of urine should be collected for microscopic examination, and a careful record kept of the findings, to keep posted on the condition of the kidneys.

Stone in the ureters or pelvis may be proved, after the microscopic findings indicate its presence, by passing a wax-tipped catheter, which will show scratch marks caused by the edges of the calculus.

Strictures of the ureters are occasionally met, by the failure of an ordinary-sized catheter to pass upward into the pelvis. It must be remembered, however, that the lumen of the ureter is slightly constricted at three points.

Frequent attacks of gonorrhea have

Common salt in the food aggravates nephritis and hastens edema. Keep this in mind.—John Wherrell, *Medical Arena.*

The basic idea governing the use of pulsatilla (anemonin) is depression, irritability and fear.—Wherrell, *Medical Arena.*

been diagnosticated as new infections, but invariably a careful history of the case would reveal that the patient has had left from the first attack a gleety discharge from the urethra, the cardinal symptom of chronic urethritis. The seat of this condition may be in the posterior urethra, and the infection may travel from there forward into the prostatic sinuses, causing chronic prostatitis; into the seminal vesicles, causing chronic inflammation there; or into the bladder, causing chronic cystitis. But it is evident that the infection may travel into the ureters, and thence into the renal pelvis. And this is proved by a number of patients with obstinate urethritis, the majority having inflammation of the entire urogenital tract.

The only thing to be done is to treat the entire tract, beginning with the pelvis of the kidney, which is washed out with the silver solution already mentioned. The author says the patients will rapidly improve and recites two or three cases in detail.

From an experience covering several thousand ureteral catheterizations, he feels justified in saying that the procedure is not nearly so difficult as claimed by many, when rigid attention is paid to technic. He has even yet to see any untoward condition arise from catheterizing a pyelonephritic kidney or one affected with a chronic inflammation.

A PECULIAR BUT SUCCESSFUL TREATMENT OF ICHTHYOSIS.

Ichthyosis is up to the present time one of the most intractable of skin diseases. Dr. Geo. T. Jackson reports (*Jour. Cutaneous Diseases,* December, 1905) the case of a man of 26, the subject of ichthyosis, whose grandfather, mother, brother and sister also suffered with the disease. His condition before treatment is described as follows: He has many large and small pigmented moles on his body and limbs and many freckles on his face. The face is very scaly, especially after shaving. The hands are red, dry, eczematous, with cracks over the joints. The extensor surfaces of the limbs are dry, scaly and rough to the feel; there is marked keratosis pilaris.

The doctor who had the case originally in charge—Dr. D. H. Stewart—thought that the hyperpigmentation and the hyperkeratosis were due to some defect in the functioning of the intestinal tract and the liver. Irrigation of the colon, and calomel, suggested themselves. For four weeks colon irrigations of five gallons of hot water (120° F), containing a teaspoonful of sodium carbonate and four teaspoonfuls of sodium chloride, and pills of hyoscyamus and calomel, were given on alternate nights. It took about four hours to make one irrigation. After the four weeks only one irrigation a week was given, followed on the next night by a pill. A heaping tablespoonful of magnesium sulphate was now added to the irrigations. This was kept up for about six weeks.

The improvement in the patient was remarkable. When examined, fifteen to sixteen months later, his face was smooth and no longer scaling. The limbs were smooth, the skin of the hands was dry and smooth, but not eczematous. This favorable condition was maintained during the winter, which was a severe one, and as well known, ichthyotic pa-

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For the relief of orchitis nothing will equal drop doses of tr. pulsatilla every twenty minutes.—Wherrell. Try anemonin.

Drop doses of sp. nux every ten to fifteen minutes will often relieve sick headache.—Wherrell. Means brucine, gr. 1-134.

tients usually get worse in the cold weather. As the patient had no local treatment of any sort except ordinary bathing, the improvement seems to Dr. Jackson most remarkable. [This case could be readily construed as a potent argument in favor of those who so persistently and vigorously maintain the paramount importance of "cleaning out and keeping clean." It is our belief that autotoxemia plays a much greater role in the causation and in the stubbornness of many skin diseases than is generally admitted, especially by the Vienna School of dermatologists.—W. J. R.]

VARICOCELE, A TRIFLING AFFECTION.

Entirely too much importance is attached to varicocele. We personally do not believe that varicocele is ever the cause of any real disability or suffering and we consider operations for varicocele uncalled for. On sexual power it has no influence whatsoever. Most people who have dilated veins of the panpiniform plexus are not aware of their existence and they begin to worry only when their attention is called to their "trouble" by a friend, an examining physician or a quack pamphlet. These opinions on varicocele are rather heterodox, but they are becoming orthodox, as witness a recent editorial on the subject in the ultra-orthodox *Lancet*. "Varicocele has received more attention than it deserves," says the *Lancet*. A slight dilatation of the veins of the panpiniform plexus is very common and by some it has been thought that varicocele is really physiological and associated with a quiescent state of the testis. This is yet to be determined.

The etiology of varicocele is unquestionably somewhat obscure and almost as much doubt seems to exist as to the consequences of this condition. Certain disgraceful pamphlets issued by quacks attribute to varicocele many and dire results, such as, for instance, atrophy of the testis and loss of sexual power. The fear of these consequences is responsible for much anxiety on the part of young men, but evidence is entirely wanting as to the possibility of varicocele by itself ever causing impotence. Some fibrosis of the testis has been described as a result of varicoceles, but even if this testicular fibrosis does exist, it is more than doubtful if it ever leads to atrophy.

The symptoms produced by varicocele vary greatly. In the vast majority of cases there are no symptoms, and the patient, if he deserves to be so called, is completely unaware of the existence of the varicocele until he is told of it. It is true that some do complain of dull, aching or "dragging" pain and a few, a very few, complain that an intense feeling of weight or sometimes an acute pain is present. These cases, however, are exceptional and it is difficult to feel certain that the pain is directly due to the dilated spermatic vein, for the degree of the pain bears no sort of relation to the size of the varicocele, some of the smallest varicoceles giving rise to the loudest complaints.

ERYTHEMA MULTIFORME.

Erythema multiforme is in the majority of cases a mild disorder, but it may occasionally assume a grave char-

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The three best systemic antiseptics are echinacea, baptisia and calcium sulphide.—Wherrell, *Med. Arena*. If true, you need them.

Minute doses of cocculus are said to be almost specific for car-sickness.—Wherrell, *Med. Arena*. Have you tested picrotoxin yet?

acter. To the latter class belong two cases reported by Dr. P. K. Brown before the California Academy of Medicine (*J. A. M. A.*).

The first patient was a child six and one-half years old that had had attacks of tonsillitis with endocarditis extending over a period of four years. In December, 1904, the patient had epigastric pain for ten days, and following this some fever and a punctate eruption over the trunk, shoulders and thighs. There was general glandular enlargement, the heart was more irregular than usual, and the murmur was louder. The urine contained albumin, red blood cells, and a few casts. On the third day the patient suffered from pains in the ankle joints. Desquamation began on the fourth day and lasted six weeks. The affected areas desquamated entirely, even the nails taking part in the process.

The second patient was the same age. During the first attack of January, 1904, the fever reached 104.2 and lasted three or four days. The first eruption appeared early, covered the whole body and was scarlatiniform in character, except on the shins, where it was more blotchy and irregular. There was general glandular enlargement. Eleven days after the onset, multiple miliary hemorrhages appeared over the body, and these were accompanied by hemorrhages from the mucous membranes and by signs of pericarditis. On certain parts of the body areas of circumscribed edema were visible. Desquamation lasted about two weeks. The child made slow but uninterrupted recovery. In the year and a half that have elapsed since that time the patient has had eight or ten similar attacks, some of which have been very light, and only one was accompanied by extensive eruption and desquamation. In the beginning of the attacks undigested food is frequently found in feces, and the breath often has a heavy odor. [As a conscientious reporter, we submit the cases as given by the author. We cannot, however, help expressing our grave doubts as to the correctness of the author's diagnosis. They look much more like scarlatiniform erythema and autotoxemia.—W. J. R.]

ANTISYPHILITIC TREATMENT FOR OBESITY.

T. B. Sokhatsky (*Russky Vratch* Oct. 22, 1905) reports a very interesting case, which seems to confirm the opinion that between syphilitic infection and the subsequent appearance of obesity, there often exists a causative relationship.

The patient was a woman of forty-one years, who suffered from syphilis, and who, six months later, developed obesity. Other etiologic factors which could be made responsible for this sudden tendency to put on fat were absent, and the suspicion was justified that syphilis had something to do with the obesity. Accordingly, a course of specific treatment was prescribed, consisting in mercury by inunction and potassium iodide internally. This treatment lasted about two and one-half months, during which time the woman lost forty-eight pounds. The author indulges in a few speculative remarks as to the possible mode of action of the antisyphilitic regime, but the chief point of interest is, of course, the etiologic connection between obesity and the preceding luetic infection. [The connection is not proven. The loss of fat might be ascribed to the KI; many persons get thin under its influence.

In obstinate hiccough, try 20 grains of quinine at a dose and you will be pleased with the results.—Wherrell, *Med. Arena.*

For ear noises drop in 2 drops sp. gelsemium and 8 of warm water.—Wherrell, *Med. Arena.* It is gelseminine you want here.

GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

SCOPOLAMINE: A PHYSIOLOGICAL AND CLINICAL STUDY.

SCOPOLAMINE is the alkaloid of Scopolia japonica, a plant of the Solanaceæ family. It was first discovered in that plant by Langgaard. In 1890 A. Schmidt obtained it from the same, and also from Scopolia atropoides. It exists also in Scopolia lucida, a plant found in the Himalayas and in Nepaul.

The substance designated by Boquillon-Limousin as rotoine or scopoline, that which Van Renterghem and Dupuis designate as scopoleine, seems to us from the general description of its physical, chemical, pharmacologic and therapeutic properties to be nothing else than scopolamine.

Scopolamine appears in crystals, fusible at 138° F. It is soluble in water, especially when slightly acidulated, very soluble in alcohol and ether. Its formula is $C_{17}H_{21}NO_4$. A. Schmidt put forth the hypothesis since his discovery in 1890 (see above), that this substance is possibly identical with hyoscine. But other authorities doubting this, Schmidt revised his experiments and distinguished scopolamine from hyoscine, giving to the former the formula given above, and to hyoscine, according to Landenburg, $C_{17}H_{23}NO_3$, which gives a very different chemical composition.

Lately Schmidt and Hesse tried again to establish the identity of hyoscine and scopolamine, of both of which the single formula was to be $C_{18}H_{21}NO_4$. We cannot accept this opinion any more than that of Kradner, who tried to show before the Medical Congress of Livonia, that the hyoscine of commerce is nothing else than impure scopolamine, and hence the different action of the two substances, hyoscine provoking phenomena of intoxication while scopolamine does not.

If we remember that scopolamine is a solid body, while hyoscine is of syrupy consistency, we can see even macroscopically that the bodies differ from each other notably enough.

It is well to remember, that all those authors who propose this identification speak of the "hyoscine of commerce," that is German hyoscine. Now our readers will know from numerous previous proofs, that an alkaloid pure and chemically definite is far from a product delivered by German commerce under the name of an alkaloid.

We maintain, therefore, the non-identity of scopolamine with hyoscine, and the following confirm the difference of their properties.

1. Scopolamine raises the intravascular pressure by stimulating the vasomotor centers. This effect does not, however, take place in old people, and in those affected with aortic lesions, if we judge by the result of sphymographic examination.

2. Scopolamine exerts no appreciable influence on the respiration, and on striated muscles. It produces on the contrary a dimunition of salivary and per-

spiratory secretions. Its use seems indicated in sialorrhea and profuse sudorrhea.

3. Scopolamine diminishes cerebral excitability and so its action is the reverse of that of atropine. It acts as calmant and narcotic. It manifests its sedative action excellently when administered to agitated, demented patients in doses of a quarter to one whole milligram.

4. The employment of this medicament gives good results in demented patients who are emaciating in consequence of the agitation to which they are a prey, and who disturb the repose of their attendants.

5. When administered for some length of time the patients become accustomed to this drug and its employment is therefore contraindicated in persons with Bright's disease, in the aged, and in cachectics. But the existence of a cardiac lesion does not counterindicate the use of scopolamine.

6. Scopolamine produces mydriasis and paralysis of accommodation, as well as a contraction of the bloodvessels of the iris and conjunctiva. Its mydriatic action is four or five times more pronounced than that of atropine. Moreover, no bad effects have been observed after using this medicament, which promises to do grand service in ophthalmic practice.

7. Scopolamine is eliminated in the renal way.

Most of the conclusions arrived at by Rosistlay have been confirmed by other authorities. It can decidedly be said, that this medicament has the general property of diminishing the excitability of the cortical centers of the brain. It also paralyzes the action of the pneumogastric, which brings about the slowing of the respiration and an acceleration of the cardiac rhythm.

The vasodilating properties of this remedy show themselves in the rosy coloration of the face, in an augmented secretion of sweat, saliva, urine, etc., and by a mydriasis more or less accentuated.

On the brain its narcotic power is seen in the irresistible sleep without dreams or delirium. Its action is prompt at the end of four or five minutes.

Rahlmann experimented with scopolamine in eye diseases on the recommendation of Kobert, showing that it has a powerful mydriatic action, while internally administered it produces certain effects antagonistic to atropine. He concluded from the trials he made with scopolamine regarding its mydriatic and antiphlogistic actions, that it is superior to all other tropeins, that it is, moreover, free from the bad effects which are charged against atropine.

Ernst, a pupil of Kobert arrived at analogous conclusions about scopolamine: It dilates the pupil, paralyses accommodation, and induces the contraction of the vessels of the iris and conjunctiva. In equal doses with atropine, scopolamine is four or five times stronger, and when perfectly pure has not the inconveniences of atropine.

The results obtained by Bellarminof agree also with those I have stated above.

As much, too, can be said of what Dr. Peters of Bonn says: Instillations made with a solution of scopolamine hydrobromide 0.02 per cent. [Isn't this too weak?—Ed.] produce a mydriasis in a very short time and is as pronounced as that made with atropine.

Atropine in solution is an excellent remedy for earache.—*Medical Arena.* Gr. 1-250 in 5 drops hot water will do.

Hyoscyamus for senile tremor, dizziness and loss of memory.—*Med. Arena.* That means hyoscine which has proved quite useful.

Scopolamine does not diminish the intraocular pressure, and is also well sustained even when there is an increased pressure. Peters confirms the fact that a prolonged use of scopolamine produces no dryness of the throat, no redness of the face, no nervous agitation, no acceleration of the pulse, all of which happens after the use of atropine and which denote the commencement of intoxication. Peters also constated that scopolamine is well borne by those who have a decided idiosyncrasy against atropine, whether adults or infants.

As a sedative, Dr. Bela Szalay, physician of a lunatic asylum at Pest, Hungary, experimented with scopolamine as a hypnotic, administering it hypodermically in from half to two milligrams. It was well supported, and its sedative action was constant, but the desired hypnotic effect could not be obtained. He says it can replace duboisine and hyoscine when these two medicaments have become accustomed to by the patients.

A short time since a new property was discovered in scopolamine, that of a general anesthetic. It gave Dr. Terrier very satisfactory results. He tried it on the recommendation of Dr. Desjardine, who made known its property as a general anesthetic, in which case it is given hypodermically. Surgeons recognize the necessity of combining a certain quantity of morphine with scopolamine as an anesthetic because the morphine is a powerful antidote to the latter, and so renders the use of the former more safe and inoffensive.

The proportions of the two medicaments which Terrier and most surgeons have fixed upon are: Scopolamine hydrobromide, one milligram; morphine hydrochloride, one centigram; distilled water, one cubic centigram, for each injection.

There is need of three or four injections for a sufficient general anesthesia, and they are made four, three, two, and one hour before the operation. It then produces such an anesthetic sleep that it is possible to make under its influence a surgical operation of the most painful character without the subject being conscious of it.

(To be continued)

CAFFEINE.

The latest about this alkaloid I glean from Vahlen in the *Enzyklopaedie der Praktischen Medizin,* Wien, 1905.

Caffeine strongly excites the central nervous system. In frogs and mammalia it produces tetanic cramps resembling those from strychnia. In the human body the effect of small doses of caffeine on the centers shows itself in a peculiar influence on the temper of the individual, so that mental work becomes easier, preventing all tired feeling. Larger doses, Gm. 0.6 (gr. 9), and more excite the cerebrum, producing dizziness, headache, tinnitus aurium, and a state resembling drunkenness which may progress to delirium, terminating in somnolence and stupefaction.

The good psychic effect of caffeine in the moderate use of coffee as a beverage is increased by its peculiar influence on the muscles. Not only does it increase the absolute power of the muscles, but it also enables them to do longer and greater work without exhaustion. It is only after absorbing

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For leucorrhea replacing menses Parvin advised cantharides.—*Med. Arena.* Try cantharidin a granule every hour till it irritates.

Potassium bichromate relieves loss of voice, hoarseness and bronchial cough. *Med. Arena.* A granule every hour while awake.

greater quantities that we notice more difficulty rather than alleviation in the exertion of labor owing to a peculiar change taking place in the substance of the muscles, viz., a condition similar to that of the rigidity in death and in that from heat excess. In applying caffeine directly to the muscle minimal doses only are requisite.

Caffeine exerts also an influence on the renal epithelium and increases diuresis; whether or not it increases the heart action at the same time has not yet been fully ascertained by experiment on animals. In the human being caffeine acts similar to digitalis in regulating cardiac action when there is a disturbance of compensation, and in this way accomplishing the disappearance of edema.

In the healthy person even medicinal doses, Gm. 0.5 (gr. 7½) will produce cardiac palpitation, rapid, ultimating in irregular pulse.

Coffee and tea as beverages though owing their stimulating action principally to caffeine still have from the roasted coffee certain volatile products, and in the tea certain ethereal oils which increase that action. These substances seem to act irritatively upon the cerebrum. Medicinally tea and coffee infusions are used in narcotic poisonings with alcohol and narcotic alkaloids, especially morphine, in which latter case the tannin in the tea helps also by its combining with the alkaloids and making them inert.

Pure caffeine, which can be produced synthetically also, crystallizes from hot water in delicate needles, having the chemical formula $C_8H_{10}N_4O_2+H_2O$. It is difficultly dissolved in cold water, and is administered in powders, pills and tablets in migraine, headache and neuralgia. As a diuretic it is given in Gm. 0.2 (gr. 3) doses several times a day. Theobromine excels, however, caffeine in this respect. In the same dose it is given as a substitute for digitalis in heart troubles several times a day.

Instead of the badly soluble pure caffeine there are combinations of it better soluble. Caffeinum natriobenzoicum is easily soluble in water. It is a white amorphous powder, and is given in double the dose of caffeine. Its easy solution in water makes it possible to be given hypodermically, of which the initial dose is 0.1 (gr. 1½) and the maximum dose 1.0 (gr. 15) *pro dosi*, three times a day.

DELPHININE.

This is an alkaloid derived from the seeds of the larkspur (*Delphinum staphisagria*). It is a yellowish-white powder of resinous quality and of bitter, burning taste, soluble with difficulty in water, easily in alcohol and in ether. The powdered seeds of the larkspur are used popularly either in ointment or tincture form against head lice.

Delphinine is used on account of its similar action to veratrine as an embrocation in salves (Gm. 0.5 to 2.0: 25, equivalent to gr. 7½ to gr. 30 in an excipient of gr. 375), or in alcoholic solution from 1.5 to 20 parts against neuralgia.

Internally delphinine is used in the combination of Delphinum tartaricum in pill form containing from 0.01 to 0.03, equivalent to gr. 1-6 to 1-2 in place of veratrine.—S. in *Enz. d. Prakt. Med.*

Codeine is specific for all pains originating in the ovaries, whatever the condition may be.—*Medical Arena.*

Hammond treated impotence with strychnine hypophosphite before meals, but not at bedtime as it then caused emissions.—*Med. Ar.*

MISCELLANEOUS ARTICLES

AN IMPORTANT MATTER: WE WANT YOUR HELP!

THE pneumonia season is on again and we are already getting reports from all over the country of the success attending the alkaloidal method of treatment. That this method not only cures but aborts pneumonia, those of us who have used it know. But there are thousands of other physicians who do not yet appreciate this important fact. For instance, today we are in receipt of a letter from one of our good friends who has just had a "battle royal" in his local society to bring home this truth. Not one of the physicians present had ever heard of the alkaloidal treatment! While our writings for years, and especially our article in the November number of the Clinic, have been read by thousands of physicians, there are many others whom we must reach.

Help us to reach these men! We can do it and we must. It is a matter of vital importance. As an "entering wedge" next month we shall publish an important symposium on Pneumonia, outlining the idea in detail, telling what has been done and what can be done. Set down now, Doctor, and tell the readers of the Clinic of what you have accomplished with the alkaloids in this dread disease. Help us to make the presentation such a strong one that every therapeutic scoffer who reads must believe.

Do it now, Brethren. Write today!

SPRINGTIME IN LOUISIANA.

AGAIN we have experienced the miracle of passing from winter to summer in a single day. We left Chicago deeply embedded in snow, bound the icy grasp of zero, and after twenty-six hours' speeding south over the smooth roadbed of the Illinois Central we rolled into New Orleans to find a land where Spring reigns. Adonis, slain by the cruel tusk of the wild boar, Winter, has sprung into new life, and once more

"I see around me the glad fields revive,
With all the fertile promise of the Spring,
And all her jocund birds upon the wing."

No wonder that under so many names, in so many myths, the ancient peoples who witnessed this miracle, annually renewed under the influence of the vivifying rays of the advancing sun, should have recognized in the beneficent work of that luminary the earth's ruling deity. It was inevitable, when once man began to observe and to reason, from effect to cause.

This spring in the south, however, is not so forward as that of 1904 by at least a month. Then the peaches were in bloom early in February, the grass in the city

parks was green, and many trees were bursting into leaf. We say not a word against Chicago winters. They are delightful. The long, bright days of fall, week by week growing almost imperceptibly cooler, and the clear biting air of January, are health-giving, and certainly conduce to that mental and physical activity so characteristic of the citizens of the great metropolis. In fact, during these months Chicago air has qualities in it akin to those of champagne; for one is conscious of a certain elevation of spirit here that makes exertion of every kind a pleasure. But by the time February has begun, one commences to tire of the long continuance of winter, especially as he knows that there is naught so rare as a real spring day in the Lake City, but that until June ushers in the summer heats there will be a succession of weather "in job lots"—snow, hail, rain, sleet, now and then a slant of sunshine, but always oceans of mud, and wind to the limits of endurance. So that each year at this time the recollections of the sunny south arise, and the allurements of the Carnival season seem more enticing,—and we succumb, after withstanding temptation just long enough to satisfy conscience but not enough to discourage the tempter.

New Orleans is a delightful city to the explorer from the North. The streets are dirty enough to console even a Chicagoan. Royale St. is lined with shops full of antique furniture and bric-a-brac, where one can while away many a happy hour. The old French Market is always interesting, with piles of tropical fruits, fresh blooming flowers, shrimps from Barataria, fish from the Gulf, its superb coffee, and the soft chatter in the musical Creole patois. Queer shaped loaves of bread are piled up—with a big hunch rising from the top, evidently designed to be broken—for some worthy folk still deem it sinful to cut bread. Burr artichokes excite the curiosity of the Cimmerian; and the cheapness of oranges, red and yellow bananas, mandarins and all other fruits, is apt to lead to too free indulgence. The fine quality and cheapness of the oysters is notable, and we revel in them, and in the distinctive Louisiana products, pompano, crabs, crawfish, river shrimp, and of course gumbo. We may even partake with gusto of a dish of robins if sure no other northern eye is upon us.

We had been warned against the French restaurants, as marvels in the way of charging—but curiosity always compels one to touch the fresh paint, and we began with the celebrated Antoine's. No priced menu was presented, but the waiter asked us what we would have, beginning with a frozen tomato as an appetizer, and mentioning a number of dishes until we decided upon our wants. This struck us as decidedly "swell." We gave our modest order, ate in fear and trepidation, and requested the bill. A dollar! It would have been at least that at any first-class Chicago restaurant. We ate at Antoine's during the remainder of our stay, and always had excellent service and cooking, and never an unreasonable charge. Pompano, red snapper, always crawfish bisque, gumbo, steak *a la Robespierre*—please excuse me—it must be dinner-time.

New Orleans contains many public institutions that are doubtless well worth visits, were it not too much like work. Don't bother about them; but jump on

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Acute Mastitis: Aconite, pot. acet. and phytolacca.—*Med. Arena.* We have often succeeded with the granules ac. and phyto.

Metrorrhagia: In chronic atonic cases, try senecin, a grain every four hours, or one of the sanguinarine group.

any car of the splendidly organized street railway system, and let it take you whither it will, sure that in due time you will be returned to your starting point on Canal St. What a quaint old city it is, with its narrow streets made still more shady by the projecting iron galleries; Moorish courts, and rows upon rows of the tiniest frame houses, which upon close inspection resolve themselves into twins, each about the dimensions of a freight car. One wonders what sort of wee people inhabit these doll houses, for surely no Anglo-Saxon family could pack itself into such sardine boxes. In some places we see lines stretched along the galleries, heavily laden with macaroni drying in the sun—with a seasoning of street dust we fear—and then we realize that we have entered the Italian quarter.

Now the car takes us out into the suburbs, past many a stately mansion, perhaps to Audubon Park, where we admire the magnificent live oaks, which would dwarf those at Fortress Monroe into insignificance. How much would a tree like them be worth if transplanted to Chicago? The magnolias, although not yet in bloom, are noble trees, with their rich, dark evergreen foliage and stately proportions. Each camelia tree is now a gigantic bouquet. Narcissus, double and single, multifloras that can not withstand the outdoor cold of the north, all pass here under the name of jonquils; while under the title of snowdrops we recognize the little Roman hyacinths. And our cherished Cuban Lily is a common "bluebell." Well, well! But the lovely calla is known on the slopes of Table Mountain, South Africa, as the "hog lily."

Innumerable violets perfume the air. A few days more of this warm sun, and these houses will be sumptuously adorned with a wealth of the most exquisite roses, which bloom in the greatest profusion. What would be the result were anyone to give the poor dears a little attention, and cut off the flowers before they form seed? Never again will we attempt to raise roses at home after seeing these. Here they climb to the roof of a lofty house.

But now our car has taken us beyond the city and around us lies the thickly populated city of the dead. No New Orleans citizen rests in his grave—he has none. Try to dig one, and a few inches below the surface you strike water, and you keep on striking water until you give up, as these folks have done, and construct a tomb above the surface. Many of these are beautiful structures, of elegantly sculptured marble, and the effect is striking. Cremation should be specially suitable here, but public sentiment does not as yet approve of it. New Orleans is conservative and Old French in sentiment.

Returning to the central parts of the city, we find much to interest us strolling along Canal St. The windows are filled with goods as beautiful and costly as those of Broadway; yet the prices frequently seem less than those of Chicago stores. A man passes you with a basket on his arm, covered with a spotless white cloth. Don't miss him—he has there some of the most delicious little cakes, products of the French *patisserie* obtainable nowhere else. At the corner stands are sold pralines, those little cakes of sugar and pecans that our little ones, after mature deliberation, pronounce the very best candy that ever was made.

Metrorrhagia: Never forget that blood like water tends to run down hill; elevate the foot of the bed and jerk out the pillows.

Muscae Volitantes: Dependent on liver congestion give the iodide of mercury and restrain the appetite in proper limits.

If you like that sort of thing you can get a guidebook, and go to visit the sights; but then you miss the thrill experienced when you unexpectedly happen upon the lofty Lee monument, or the Jackson statue in the square facing the ancient St. Louis cathedral, and the Cabildo, that relic of the Spanish dominion. The Custom house is a huge pile of granite, whose foundation, we are informed, is cotton. New Orleans has had the same problem as Chicago, to find a firm foundation on which to base her industrial palaces. Now she drives piles into the soft, yielding ooze deposited by the river, and with the aid of iron rails and Portland cement roots her skyscrapers firmly into the earth. But in the day when the Custom house was built Chicago was not yet, and consequently the last great advances had not been made by humanity. Cotton was about the cheapest thing on earth, so that many and many a bale of this fabric was driven down into the excavation, and upon it this huge structure was reared.

We secured quarters for the Carnival week in an old house in the French quarter. The fact that our room was in the third story did not specially impress us when we engaged it, but when we took possession we found that of the two flights of stairs that had to be ascended the first contained 32 steps, the second 28. Surely those early French builders in their architecture expressed their aspirations toward a heavenly home, in a manner we moderns would better appreciate if an elevator were supplied.

Some man—alleged to be a Chicagoan—when any anonymous wickedness is perpetrated people attribute it to Chicago until definitely located elswhere—said that New Orleans would never amount to much until she gave up this "carnival folly," and settled down to the only occupation worthy of man, that of making money. There are two species of man extant, one which finds no pleasure in anything except money making, while the other looks rather to what money may bring. Which is the wiser?

We seem to have formed the carnival habit, for as we return to this city each successive year to witness the exquisite productions of New Orleans' taste and fancy, we ask ourselves what possible pleasure that would equal this could be secured from the expenditure elsewhere of the trifling sum required? Each year they say the parades are finer than ever before, and really it seems to us that they were never so beautiful as this year.

Momus opened the season with a series of illustrations from that wonderful book "Vathek," which Beckford wrote at a single sitting, without premeditation, the tale coming to him as if transmitted to his mind by another intelligence.

The street procession was followed by a ball at the French Opera House, which we were enabled to attend through the kind courtesy of Mayor Capdevielle. The parquet was floored for dancing, the remainder of the auditorium packed with the beauty and fashion of New Orleans. Surely the local stock of beauty must be large if any were left outside of this assemblage. The curtain rose to show, through the mist of early morning Momus reclining on a couch, surrounded by a court of brilliantly-attired maskers.

Slowly, with dignity befitting the occasion, a stately herald paced to the front, bearing an enormous scroll on which was inscribed the name of the lady chos-

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Muscae Volitantes: Valerianate of caffeine, zinc or strychnine, may give relief in properly selected cases.

Stimulation of the vagus causes active development of inhibition, stopping the heartbeats; not exceptional case.—Meltzer.

en by Momus to share his throne. The selection is kept a profound secret up to this moment, so that the greatest interest in manifested in the identity of the proud recipient of the honor. The lady was summoned from the audience, escorted by the herald to Momus' throne, who placed on her head the queenly diadem, while the attendants decked her with the royal robes and jewels. She then took her place by the side of the king, while in like manner the six maids of honor were selected, presented and duly adorned with robes of state. Then a grand procession marched down the stage—King Momus and his queen, heralds, maids and all the glittering court. Then each member of the court chooses his partner from the audience and dancing commences. This "calling out" is esteemed a great honor, so much so that a haughty young damsel of the Crescent City's upper circles will not attend the ball unless assured of a "call-out" beforehand.

At 11 o'clock the dancing floor is thrown open to the "black-coats," the maskers having monopolized it up to that time.

Each of the great secret associations which parades has also its ball, to which only invited guests have access; besides which hundreds of private and public balls testify to the pleasure-loving propensities of the people. The climax of the carnival comes at the Comus ball when King Rex and his queen visit King Comus in his hall.

The second parade was that of Proteus, who chose the Rubaiyat this year for his theme and presented a series of twenty floats delineating scenes from that most exquisite of poems. Rex took for his theme "Ideal Queens," and although this was a daylight parade the beauty of the procession fully equaled that of his evening competitors. Finally on the evening of Mardi Gras, Comus presented the "Search for the Lost Pleiad" in a series whose beauty beggars description.

Each of the four processions consisted of twenty floats, and the associations presenting them probably spent on them and the balls not less than $200,000. During the entire year artists, designers and artificers are engaged in preparing for these displays. The utmost secrecy is enforced, so that no hint as to the nature of the parades is allowed to become public until the day when the procession is to appear. No suggestion of business or of any pecuniary interest is permitted in connection with the parades, which are entirely gratuitous, and have no monetary returns, although the city at large is undoubtedly benefited by the throngs of visitors attracted, and some of the outlay is said to be returned by selling the floats to other cities.

On one afternoon there was a so-called commercial parade, but as compared with similar efforts in the northern cities it scarcely deserved mention. Indeed, it was looked upon as marring the spirit of the carnival. Nowhere else in the world is the carnival celebrated as it is in New Orleans. In no other great American city would the climate at this season permit such an outdoor fete. In Europe the carnival is dying out, and even in the Mediterranean cities it is marked simply by the appearance of maskers in the streets, showering confetti and playing pranks on each other;

The phenomena of life result from a compromise between the fundamental forces of life—excitation and inhibition.—Meltzer.

Normal movement presents the physiologic, tetanus the pathologic, predominance of the factor of excitation.—Meltzer, *Med. Record.*

but there are no such parades. Many maskers appear on the streets of New Orleans on Mardi Gras, some grotesque, some elegant, and some amusing, but the number seems to grow less each year, until at present the custom is largely confined to children.

The greatest crowds of the festival gathered at the landing of King Rex on Monday. The merry monarch and his court ascended the river on the yacht Stranger, accompanied by forty steamers of all sizes, loaded to the guards with spectators. As the head of the procession appeared around a bend in the river, every whistle on factory, steamer and locomotive opened up. The saluting guns on the armored cruiser Brooklyn added to the din, which was equal to the New Year's welcome in Chicago. The monarch was escorted to the city hall, where he received the keys of the city, and full license for the day proclaimed to the people.

This is our third visit to the carnival, and each year we find it more delightful than before. We are going again. We can not comprehend the people who do not care to see it a second time. We do not intend to miss another as long as circumstances permit us to attend. Of all months in the year March in Chicago is the detestable one. The weather is "the limit," the winds more blustering than at any other time, while the rapid alternations of heat and cold, zero and thaws, make this the most dangerous part of the year. Winter is well enough, and we would not willingly miss the bracing effects of the northern winter, but enough is enough, and by the time March 1st comes around we have had enough and we know it.

The cost of a trip to New Orleans and a month's sojourn in that city is trifling as compared with the expense of a pneumonia—and after all, what value has money if it be not for the pleasure it brings? And what pleasure excels a March in Louisiana? But if the Gold Bug has clinched his grip on one's soul, until there must needs be some excuse for pleasuring, in the way of prospective gain, let us say that New Orleans is well worth one's attention. In fact, Louisiana fairly bristles with opportunities for profitable enterprise. New Orleans is waking up. The prospect of the completion of the Panama Canal in the near future has aroused her to the possibilities open to her, as the mart between the great Mississippi valley and those sections that will be opened up to her trade by the canal. She is spending many millions in the construction of a drainage system which will leave her without a superior in this respect among the larger American cities. She has good water and plenty of it, good drainage, an efficient municipal administration, unequaled commercial advantages, and with a community possessed of enterprise and imagination she can not long occupy a secondary rank among the cities of America.

There is plenty of money in Louisiana, and a wealth of undeveloped resources. Of 28,000,000 acres of arable land only 4,000,000 are under cultivation; principally, I think, because this suffices for the needs of her present population. The soil is of unexcelled fertility; the season for cultivation so long that plowing goes on during every month in the year. Millions of acres of fine land still remain at the disposal of the government

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Forms of bodily rest present the normal, and paralysis the pathologic, predominance of inhibition.—Meltzer, *Medical Record.*

Pleasant sensations present physiologic, painful sensations pathologic, predominance of excitation.—Meltzer, *Med. Record.*

for homesteading, and much more is held by the State. Land can be purchased under $10 an acre in every way equal to Illinois land that can not be touched under $100 an acre. The negroes are rapidly being replaced by whites as cultivators and mechanics, and labor is not now looked upon as derogatory to the Caucasian. White men can do manual work and keep their health here as easily as in the north. Malaria is no worse than it is in the Wabash region, and we now know better how to control it than when the northern river bottoms were settled. Ignorance and carelessness are responsible for this malady now.

There must before long be a stream of immigration directed to this State, which will supply homes for thousands and hundreds of thousands of our land-hungry people, who are now migrating to the frozen regions of the Canadian north-west—a country where they are said to have "three seasons—July, August and winter!" Nothing but the hardest luck or the sheerest incapacity could prevent a man prospering in Louisiana. Even the huge hand of monopoly, that is relentlessly crushing out individual enterprise and converting the American people into a nation of hirelings, does not project its dark shadow over this region; for the rapid growth of the local markets gives a chance to escape the refrigerator car. New Orleans is growing by leaps and bounds; all over the city is heard the noise of hammer and saw; new buildings arise on all sides; vacant lots are filling up, and eligible sites have become scarce. Already 350,000 people live here— and yet we have to pay 10 cents for a glass of poor thin Holstein milk! Holsteins furnish a large yield of poor milk; but as a dealer remarked, why should they supply a better quality when they can get such a price for all they produce of the poorer sort? The same at Baton Rouge—in fact, during a winter spent in Louisiana, not once were we able to get as much milk as we needed or at less than 10 cents a quart. There is the milk situation in a nutshell, and this is an index of the whole produce question in this section.

Speaking of the need for a dairy in Baton Rouge, a citizen who had many thousand dollars lying idle, said: "You are perfectly right, and I would start a dairy myself if I could get the proper parties to run it for me." There may be read the reason the south offers so many opportunities to northern men. There is in the south no surplus of labor, and especially of intelligent labor. But among the native whites there is plenty of undeveloped talent and business ability—as much as there is of unused land. Do not make the mistake of undervaluing the capacities of the southerner; he has simply kept his talent lying idle.

If men in Wisconsin or New York who understand dairying of the modern, scientific type, were to locate in Louisiana, they would find competition less and the business far more remunerative than in the north. This is but one of the numerous openings presented by this opulent state. As a northern man, who had made a fortune by judicious investments in the south, said recently to the writer: "You can not make a mistake in going anywhere in Louisiana and starting anything." Think of the capital, Baton Rouge with 20,000 inhabitants and not a solitary shoe store!

The Illinois Central Railroad has with

Absence of sensation in visceral sphere is physiologic and anesthesia anywhere the pathologic inhibition excess.—Meltzer.

Normal consciousness is physiologic, excitation mania pathologic excess of the factor of excitation.—Meltzer.

wise forethought done much to foster the industrial development of this section, and its officials could probably give much information of value to prospective settlers. It is one of the unaccountable vagaries of humanity, that while men are crowding twenty deep to enter the arid, worthless lands of recently opened Indian reservations, they should neglect the infinitely more valuable fields of the south. But this can not long endure; the pressure for land that is taking our people into Canada and Mexico must soon impel them toward Louisiana; and the man who is in a little ahead of the crowd will have first choice and the quickest profit from rising values.

How about yellow fever? Is there any danger at this season of the year? Not the slightest; from the moment when the first frost last fall put a stop to the pernicious activity of the mosquito, no new cases developed and the disease became extinct. At the worst of the epidemic, there never was nearly as much danger of contracting yellow fever in New Orleans as there was of contracting typhoid fever in Philadelphia or New York. Thanks to the investigations made by our great scientists in Cuba, we now know that yellow fever is the easiest of all infectious maladies to prevent. Unlike most epidemics it never holds over from one season to the next, but is completely extinguished by frost and requires a fresh importation during the next hot season to again prevail in this city. It is probable that New Orleans will never again know an epidemic of yellow fever. Apart from this fever New Orleans is a healthy city, especially during the winter. It is an orderly city also and crimes due to violence are exceedingly rare.

WILLIAM F. WAUGH.

Chicago, Ill.

THE THERAPEUTIC REVIVAL IS ON.

For lo, these many years we have been strenuously urging upon our colleagues the necessity of a revival in drug therapeutics.

We have attacked the fashionable doctrines of nihilism and pessimism, the wholesale desertion of drugs for mechanical methods, and insisted on the physician's duty and ability to interfere, intelligently and discriminatingly, in the cases he is called upon to treat.

We have insisted that the surgeon's pronunciamento that "there is no treatment for pneumonia" only indicated that particular surgeon's ignorance of the topic he was discussing; that the unmeasured condemnation of drugs showed not only ignorance but a wilful shutting of the eyes against information it was the physician's duty to acquire and put in practice.

The sad state of poverty and neglect into which the profession was falling we attributed to the prevalence of the pessimistic doctrines of the Vienna school,and the uselessness to which it condemned the physician. The inroads of quackery, always serious, had become so bold and successful that it seemed as if the public were leaving us, no longer in driblets but as a whole—a veritable landslide being manifested toward the only persons who still held out any hopes of benefit from their ministrations.

These truths we have shouted in the

Sleep is the physiologic, narcosis and coma the pathologic predominance of inhibition in sphere of consciousness.—Meltzer.

All the found facts points unmistakably to the conclusion that the magnesium salts produce inhibition, depression.—Meltzer.

ear of the profession until they had perforce to listen. Strong in the consciousness that we were advocating principles absolutely necessary to our continued progress and prosperity, scientifically and materially, we have refused to be sat down upon, have disregarded snubs, sneers, misrepresentations and open opposition, and have held to our purpose tenaciously. Had ours been any personal object we would have long since given it up, and dropped out of the fight. But the urgent need of this movement was so glaringly apparent that we could not stop to consider our own personality and interests as an appreciable part of it. *Arma non virum cano.*

It's been some lonesome for us! But the dawn is visible; the burden of our song is no longer, "How long, O Lord, how long?" but "At last!" All about us we see evidences of that revival of interest and of faith in therapeutics for which we have been praying and working. Some space in each journal that comes to our exchange table is occupied by "medical" articles; men begin to speak of the treatment, and sometimes hopefully, even positively. Really, there seems to be a new spirit abroad. Not long ago the *Medical Record* took a Pneumonia Commission to task for its omission of useful therapeutics in a way that fairly thrilled us. This was followed by an editorial that came out flat-footed with the claim that there were a number of really effective means of treating this malady by drugs. Really effective methods were given, and the reasons for their advocacy. Our own were not mentioned—but that didn't matter; we can take care of ourselves—it was the evidence of faith in drugs, the knowledge that there were still to be found men who studied drugs and put them intelligently to work, that counted.

The following extracts will show that as to some at least of our views we do not stand alone. In his address before the American Medical Association at Portland, Prof. Billings said:

Disease is never quite the same in different individuals, nor does the picture remain the same from day to day. The treatment must be modified to meet the varying problem of the morbid process. Rational therapy calls for simple prescriptions; but if there be an objection to mixtures with fixed and known formulæ, what must one say of mixtures of secret or semi-secret composition?

What is the cause of the nostrum evil? There are several.

1. Pharmacology and therapeutics are neglected relatively by many of our medical schools. Anatomy, physiology, pathology, diagnosis, etc., are emphasized and too often the usefulness and limitations of drugs are neglected. Too frequently drug nihilism is taught. If the student were fully taught the physiologic action of drugs, the art of prescribing, preferably single remedies or in simple combination, using if he desires the pharmacopeial preparations prepared by reliable manufacturing pharmacists, and at the same time if he were taught when not to rely on drugs, but frankly to prescribe for his patient a course of hygienic measures which alone would accomplish all that would be required, he would not be the willing dupe of the nostrum vendor, as he now is.

Discussing this subject, Dr. Joseph M. King, Los Angeles, Cal., declared that some men with a good knowledge of the physiologic action of drugs, will yet grasp at every will-o'-the-wisp, but one of our troubles is that the rank and file of the profession have not an exact knowledge of materia medica and therapeutics. In several of the large clinics in this country which Dr. King has

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Small doses of magnesium salts intravenously injected, within a few seconds abolish respiration and inhibit all motion.

Sodium chloride solutions applied to a motor nerve cause contractions; magnesium abolishes conductibility and excitability.

visited, a great deal is taught regarding diagnosis, but he heard very little concerning treatment, and it would seem that clinics are being held to teach diagnosis only, and not for the purpose of teaching therapeutics also. Of course, no man can successfully treat a case until he can diagnose it, but the patient pays for the application of what the physician knows regarding remedies. It is important that the physician should have a thorough knowledge of the weapons at hand, and then he will not be so prone to run after false gods.

Dr. John H. Musser, Philadelphia, said that the nostrum evil stultifies the profession in many ways. First it robs the physician of that practice of nice discernment in the choice of remedies, of their indications and their doses, which is essential to the full development of therapeutic skill. Second, it prevents a cultivation of the scientific therapeutic habit, for, if premises are wrong, how can conclusions be correct? The uncertain combinations in unknown proportions, of unreliable remedies, can not possibly form a true figure in a proposition. Consequently, no true conclusions are drawn, and, hence, scientific habits are very soon cast to the winds. Third, it engenders irresolution as to the value of remedies. They are given in a half-hearted manner, and consequently a minimum effect is produced. A physician who prescribes with a clear knowledge of the effect of a remedy gets a surer and more immediate response. Doubt causes inaction. Fourth, it destroys scientific habits. If a scientific habit is not employed in our work, we are not truthful in our action. This lack of the worship of truth in treatment soon engenders a want of exactness in diagnosis. In consequence, a slovenly habit of practice in general will follow. Fifth, the doubt of the value of drugs and of medical measures is soon transmitted to the laity. Is it any wonder, Dr. Musser asked, that all *isms* flourish when physicians can not support their own therapeutic actions by experience or by scientific induction? Sixth, the nostrum evil threatens the enlightened principles of modern medicine. Our great glory is in adhering to the line of conduct of the tenets of Hippocrates and of Sydenham. "Do good or do not harm." It is not the use of drugs, but it is management and measures that mark our later-day progress. By the nostrum tenets, polypharmacy is essential and excessive drugging is the rule, both contrary to modern medical practice. Seventh, the nostrum evil stultifies physicians, because it makes them dishonest. They can not be honest if they prescribe things of which they know little or nothing.

Dr. J. T. Priestley, Des Moines, Iowa, said that the graduates of the various institutions in this country have had neither the time nor the opportunity to learn to dispense their medicines, and in this they certainly are weak.

Dr. John A. Witherspoon, Nashville, Tenn., said that too little attention is given to the actual bedside teaching of the management of disease. Most young men leave college with an imperfect knowledge of the physiologic action of drugs and imperfectly prepared to make any therapeutic application to a case in hand.

While the remarks in this paper and the discussion were aimed specifically against the nostrum evil, the reader will note the similarity of the language employed to that we have so often used against the untrustworthy galenic preparations. Ignorance as to the true nature and the effects to be expected from any remedy is bad; whether it be one of the secret mixtures of the pharmacist or the variable combinations of Nature.

We can not better illustrate the fact that we are simply representative of one

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In all animals complete temporary narcosis can be caused by magnesium hypos, perfect muscular relaxation, lasting two, three hours.

Magnesium sulphate 0.06 per kilo injected intraspinously causes within two minutes complete moto1-sensory palsy of legs.

phase of medical thought than by quoting the following suggestive editorial from the *New York and Philadelphia Medical Journal* of late date:

NIHILISM IN THERAPEUTICS.

The skeptic voices his doubts somewhat as follows: "Specifics you can count on your fingers—quinine, mercury, the iodides, antidiphtheritic serum, the salicylates probably, the bromides perhaps, iron and arsenic it may be—and you're done. A handful of diseases directly controllable, but the overwhelmingly greater number beyond our power either to govern or to stay. A diagnosis, some experimental drug giving—for every line of treatment is an experiment, just as every diagnosis is a guess—a recovery ascribable rather to Nature than to drugs, or possibly a confirmatory autopsy; such is the inglorious role of medicine." This view of our limitations is pretty general, something of a fashionable intellectual pose, particularly among the younger ultrascientific men; and it must be reckoned with.

It may be replied, and the oftener the better, that, though we have few specifics for diseases, we have *many for symptoms*. The most superficial view will remind the cynic that we are virtually in control of such general manifestations as pain, hyperpyrexia, excess and deficiency of vascular tension, cardiac weakness or overaction, dropsies, sleeplessness, cough, constipation, diarrhea, excessive sweating, vomiting, delirium, and a host of lesser bothers; so that, while we cannot always stop the disease, we can inhibit its phenomena, which, unrelieved, may alone and of themselves cause a fatal issue.

No analogy more nearly walks on all fours than the comparison of a patient in the grip of, say, a continued fever and a ship in a storm. No power can stop the storm, but much can be done to help the staggering vessel ride it out. And it is as reasonable to disparage the officer's services on on the bridge as the doctor's at the bedside. There is art as well as science in both seamanship and medicine. The skilled master does a hundred things with sails and helm which ease the straining bark, but are not taught in any treatise on navigation; and the veteran practician intuitively meets danger by combinations not found in any pharmacology. And his instinct directs equally what should be left undone—when to stand by with all hands, nor touch ever a brace or a halyard, while the good ship glides past the reefs into the harbor. There is the sense of that quip which stings a bit in the ear: "There is much difference 'twixt a good doctor and a bad one, but little 'twixt a good doctor and no doctor at all." How that truth smites the consultant when he finds some typhoid case laboring like a vessel in distress under the use of salol and bismuth and strychnine and quinine and turpentine and alcohol, when it would ride lightly under the orders given nearly a hundred years ago by grand old Nathan Smith: "He fed the patient largely on milk, he gave him to drink copiously of clear water, he stimulated him at times, he withheld strong drugs, he kept him in a cool, well-ventilated room, and he drenched him frequently with cold water when the fever ran high." (Mumford, *Medicine in America.*) There is a time to give and a time to withhold, but cut and dried science fails to teach us when. In practice the brain's laboratory will never be supplanted by the pathological laboratory. Not every craft weathers the gale. Resistless violence, unsuspected currents, hidden weaknesses wreck, spite of science and skill. Nihilists keep repeating that but little variation of results in pneumonia is shown by statistics of whatever form of treatment. True, and similarly Lloyds' reports a pretty even average of marine losses from year to year. But for that reason will you venture to sea without a captain?

Effects of tetanus toxin completely relieved for many hours by intraspinal injections of magensium sulphate.—Meltzer.

Intravenous injections of magnesium salts stop almost instantaneously all intestinal peristalsis.—Meltzer, *Medical Record.*

Truly, we have cause for new courage and greater endeavor. Strong words like these are but "signs of the times."—Ed.

A CASE OF EPILEPSY TREATED WITH NITROGLYCERIN.

Why don't you learn to sing?
Said the robin to the turtle.
Why not learn to warble
Of waving corn,
And twining myrtle?

I am well aware I have no business in venturing on this article—haven't the necessary amount of gray matter. My betters have wrestled with this, lo, these many moons, and though my betters are still in the ring—so is epilepsy. In addition, this is one solitary case. Where I'm located its ten miles to a lemon, and if I waited until I could report a series, Methuselah would have to take a back seat. And then way back in a quiet nook of my heart, is the sneaking hope that some kind scientist will kindly point out the fallacy of my reasoning, and if I am doing no good will prevent me from doing harm. For prithee, friends, though I have no principle I boast a conscience.

Now for it. First, my patient: Mr. J. B., age thirty-five years, weight 158 pounds, general health good, of course with the exception of the fits, and a pain in the right side, which I believe subsequent treatment proved I rightly diagnosed as due to the liver. At any rate, six granules calomel, gr. 1-6, and six podophyllin, gr. 1-6, followed by a saline laxative in the morning administered once a week brought the pain in the side to an end. Appetite good, in fact I believe as is usual in epileptics, too good.

Now as to the seizures. These occurred weekly, and in damp heavy weather, semi-weekly; were of sufficient severity to be entitled *grand mal,* resulting in the loss of consciousness and the usual tonic state of the musculature. He also had an aura, loss of vision immediately preceding the seizure. *Strong heart action but the face turned blue during the fit. Note that.*

For a while this puzzled me. Then it occurred to me: could there be such a thing as asthma of the brain, spasmodic contraction of the arterioles producing venous stasis, with consequent loss of oxygenation? This as my readers have probably foreseen, is the keynote of my treatment. I will own that it was with many misgivings that I started in on nitroglycerin. I worked the physic end of the string for all it was worth.

"Jim", says I, "take one of these before each meal and one at bedtime; always have them with you; every time you find yourself getting 'fadey' (i. e., blind) down five of them. They'll give you a scandalous headache for fifteen minutes or so, but you won't have no fit." ("One of these" was glonoin, gr. 1-250.)

You may not know how scared I was by the size of the dose. I see I am lapsing into my usual manner of the cap and bells; it's hard for the fool to change his coat. I shall let the foregoing stand. These articles were written in the short intervals vouchsafed me in a large and impecunious practice. Any doctor that don't know what sort of practice that is, can come and handle mine a month and find out. I'd like to go fishing.

To come right down to business here is my theory: Somewhere I have read there are no nerve fibrils in the arterial coats. I believe there are. When these

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Intraspinous injections of magnesium sulphate, 0.02 per kilo, have been used successfully for surgic anesthesia; 4 hours later.—Meltzer.

The *Medical Fortnightly* stands for progress, honest practice, independent thought and good will of medical men.—Norbury.

fibrils are not bathed in oxygenated blood they fail to functionate with consequent loss of coordination. (I wish I could put this thing right.) You'll see what I'm driving at, I am going to hark back to facts, i. e., my treatment of the patient. I'm good on facts. (Used to do fire alarms for the *Bullskin Bugle*).

Somewhere I read (I think in the *Journal of the A. M. A.*) that a tolerance for glonoin is quickly established, necessitating a constant increase of dosage. After a considerable cogitation over this, I concluded to administer my glonoin after Charcot's rule with the bromides, i. e., begin and hold the minimum effective dose the first week, increase enough to hold your own the second, increase again to effect the third week, then rest a week, then start again—minimum dose. Accordingly I gave Mr. B. one granule nitroglycerin four times daily, before each meal and at bedtime. Second week two granules at the same intervals and the third week three. Fourth week, placebo. Every Saturday he took the calomel and mandrake followed Sunday morning with saline laxative. During the glonoin weeks he also took twice daily, morning and evening, a mixture containing potassium iodide and iron and ammonium citrate. He is on his sixteenth week without a fit. During that time he has taken the five-granule dose twice with success both times; he did not lose consciousness or fall.

I wish this was better written. I also humbly hope that some one will comment on it, either anteriorly or posteriorly. Even a good scolding will be received with thanks. One thing more which I believe I have omitted to state, and I have done. My patient had been put through his paces with the bromides several times before coming into my hands.

In glancing over the above, I note I have omitted one important particular. Mr. B. had his first seizure in his twentieth year. His age being now thirty-five, makes the duration of his disease fifteen years.

L. Thompson Clason.

Urbana, O.

—:o:—

Read the editorial and the long article on Epilepsy in this number. Maybe it will help.—Ed.

'WARE THE MOUSE!

In the *Medical News* Palier presents a study of the microörganisms found in the mouths of healthy individuals. He concludes that there is found in the mouths of most persons an organism, appearing in different forms, one of which is known to us as Fraenkel's pneumococcus lanceolatus. For this he proposes as a more distinctive designation the name of diplo-lanceo-bacillus-coccus.

His studies bring him to the conclusion that neither the sputum nor cultures therefrom of healthy people, nor of those suffering from pneumonia, are virulent enough to cause attacks of the latter malady—that is, a general infection of man, the most resistant of animals toward this microbe. To become infective the microbe must first pass through the system of a more susceptible animal, such as the mouse, whereby the virulence of the germs is greatly enhanced.

Hence, to the house mouse we are to look for the main factor in the causation

Kindly and philanthropic gentlemen furnish us formaldehyde milk, glucose sugars and syrups and borated meat.—Wahrer.

Nausea: Small doses of calomel—gr. 1-10 to 1-20—every quarter or half-hour will often relieve in a manner difficult to explain.

of pneumonia. Becoming inoculated with these germs from human sputum it returns them in a virulent form. Local inflammations, however, may be caused by contact of the germs from the human sputum with lesions of the mucous surfaces, but not with unimpaired epithelium.

The usual method of diagnosing pneumonia from the sputum is valueless since the pneumococcus exists in most healthy persons' mouths, anyway. Cultures must be obtained from the blood, as this organism is never found in healthy blood. This also disposes of the possibility of active immunization against pneumonia —which for that matter is not self-protective.

The same organism is found in the stomach during hypochlorhydria, but it can not thrive in acid media.

To the mosquito, housefly and bedbug we must therefore add the mouse as a carrier of disease to man. Woman is vindicated in her dread of the wee animal, and the unerring nature of her prerational instincts demonstrated. A vigorous crusade should in fact be organized against all household parasites, and they should be looked upon as disgraceful companions quite as much as lice have been hitherto considered.

SUBLIMATE.

To obtain the greatest germicidal effect from corrosive sublimate, the following solution is recommended:

Mercuric chloride	1
Hydrochloric acid	5
Alcohol, 60 per cent	1000

In this solution the germicidal intensity is out of all proportion to the concentration. It is important to have diluted alcohol or alcohol of 60 per cent; a solution of corrosive sublimate in absolute alcohol has no more germicidal action than the alcohol itself.

DRUG FIENDS.

By far the greater number are born of illiterate, poverty-stricken, debauched parents; born with inherent desire for crime, with depraved appetites, with a craving for something, they know not what—but they are not long in doubt about it, for they have an example in an associate, perhaps father or mother, who is under the influence of cocaine, opium, phenacetin, or some other damnable narcotic which is at hand or easily obtained, if a report in the *Medical News* of one hundred and thirty-nine prescriptions sent out by the Board of Pharmacy to be filled by Chicago druggists would be evidence in the case.

That there is such a class that never rises above animal level, and that there will always be such a class so long as they propagate under the same conditions, no intelligent, educated American will deny. Nowhere on earth, except in America, does such a class of animals get so much undeserved sympathy. When found by the good Samaritan in their maudlin conditions they are run into a house of refuge, fed and clothed, and have the best medical talent to administer soothing potions to their depraved appetites, all paid for by their magnanimous benefactors. Next comes the confessional, and their blatant unauthenticated accusations against the medical profession, the most noble on earth, as being the cause of their downfall, seems to be

Preventive medicine is a specialty with which the ordinary practician has little to do and little knowledge.—Kean. True?

Discussing Stanton's proposed medical supply table the military surgeons showed a touching devotion to castor oil.

made the basis of annual reports from institutions where they are cared for.

That class of animals have more sympathy among the medical profession than anywhere else, the clergy not excepted. But we are glad to remark that they are not carnivorous and hope that their conditions may be bettered; and we make the bold assertion that this will be done *by the medical profession.*

T. C. Estes.

Bennett, Mo.

—:o:—

It is undoubtedly true that a large percentage of the drug fiends come of unstable parentage, and that any nervous defect may predispose to the acquisition of a habit. But that does not absolve the medical profession of responsibility, for after all where is the "perfect man?" Even the product of degeneracy may become a useful citizen if brought up right; under stress even the apparently strong may go astray: Witness the large number of physicians who become morphine habitues, and no man is more conversant with the dangers of this habit than the doctor. We agree with Dr. Estes that this problem must be solved by the profession, and that too much time has been devoted to moralizing; but let us keep our own skirts clear.—Ed.

THE ALKALOIDS "LIGHTEN THE BURDEN."

I wish that I could say something to you which by publication would decide some hesitating brother to give the alkaloids a trial for his own, the doctor's, sake—especially the country doctor. Saying nothing of their convenience for dispensing, their unfailing efficacy is not only gratifying, but it makes the burden of responsibility more cheerfully borne. He will soon be known as a successful doctor.

I want to say a word for caulophyllin. In my experience it is a specific for rigid os.

Well, I must stop, not that my enthusiasm for the alkaloids is failing, but when there is so much that can be said in their favor I feel that I, in my limited time and space, cannot do the subject justice.

A. T. Dobson.

Trail, O. T.

—:o:—

Doctor, we very fully appreciate your kindly feeling towards us and the alkaloids, and realize that you, having tested the matter, naturally find it difficult to say just *how* good you have found it to be, for every one who has progressed far along alkalometric lines experiences the same difficulty. Speak a word to a brother practician where you can and when you can, and remember that fifty thousand brothers, members of the "family," are doing the same thing. At the present rate, five years from now will see the active principle practice the accepted method of medication in this country. We should like to have some reports from you with reference to caulophyllin in rigid os.—Ed.

THAT PRAIRIE ITCH FORMULA.

We are just in receipt of a communication from Dr. John Mayer, in which he says that hereafter he will be unable to furnish the formula for his prairie-itch remedy, as referred to in the Clinic for May, 1905.

He has been so snowed under with

Nervousness: Anemonin is a good remedy for fidgets of either sex. Aconitine is said to resemble it, but we do not believe it.

Nervousness: Macrotin gr. 1-6 to j every half-hour in hot water is one of the best remedies especially for women.

requests that the burden of correspondence has become too great, and, furthermore, he has elaborated the prescription and disposed of it to a manufacturing pharmacist.

WATCH US GROW.

Look at the picture! See what has been done since the January JOURNAL til we are safely installed in better quarters than ever before. Shall we stop then? Not at all—we intend to keep right ahead with this growing business —to keep it up indefinitely.

How did you like the last number of the new journal—the old CLINIC in its new form? How do you like this number? Already we have received a great many letters concerning it. The vast

How the New Clinic Building Looks Today--January 10

appeared. A month ago there was not much to be seen but ashes and ruins. Now our new building is up to the floor of the third story. And that is the way that we intend to keep on growing un- majority of the writers spoke very flatteringly—so that we feel quite puffed up over it. Nearly everybody likes the new name though quite a number can hardly reconcile themselves to the loss

Nervousness: For mental excitement or erethism of the aged, brucine is well suited; gr. 1-67 every fifteen minutes.

Nervousness: For the stage fright or other forms of apprenhension, cocaine is specific; but keep it to yourself.

of the "CLINIC." We don't blame them; but after all the CLINIC remains—a bigger and better CLINIC than ever; even the name itself we shall retain if only as a title of endearment. Jimmy may be "a grown up," but to "pa" and "ma" he will always be "Jimmy."

Some of you we know are doing things to help us along in our new work of pushing the gospel of effective therapy into the broadening fields where it is needed. Are you doing it, Brother? If not, will you not help?

Here is what some of our readers say:

REGRETS AND ENCOURAGEMENT.

I regret very much to learn of your great loss by fire, at the same time I realize that it will but stimulate you to greater endeavor, "for age cannot wither nor custom stale your infinite variety."

C. E. TUCKER.

Joppa, Illinois.

HAS NO EQUAL.

In my opinion the CLINIC has no equal, so far as good, every-day, practical common-sense is concerned, to the general practitioner. The characteristics of the CLINIC—brevity, simplicity, utility, bespeak its untold usefulness to any rational mind.

W. R. SHOOK.

Iowa Park, Texas.

BRIGHT, BREEZY AND INSTRUCTIVE.

The CLINIC is fresh, breezy, bright and instructive; practical and common-sense, just what the every-day practician most needs, *except brains of his own.*

Have been working my way into the practice of alkalometry now for five years past, after more than thirty years of the stumbling and discouragements of galenical practice. It gives a new zest to life and I trust that the five or ten years of remaining active work will be far more satisfactory and remunerative than the previous period of doubt and discouragement. *Alkalometry is the coming method of practice*—it is destined to usurp a true primacy in the whole field of medical practice of the future. Later I may communicate more freely.

ALBERT GEO. BLODGETT.

Wave, Massachusetts.

—:o:—

Come on, Brother, with that "later" communication.

The letter which follows is written by one of our good brothers as an appeal to the readers of the CLINIC. We appreciate it much more than we can say, and especially rejoice in the helpful spirit which prompts it—a spirit which seems to permeate so many of the members of the family.

TO THE SUBSCRIBERS OF THE CLINIC.

Through the medium of the CLINIC I have just learned of the great loss Dr. Abbott and the subscribers of the CLINIC have sustained by the burning of the CLINIC building and nearly everything it contained. It is a sad beginning of the holiday season for Dr. Abbott, and every subscriber should be ready to contribute his mite towards putting the building back in shape again. "A friend in need is a friend indeed," and now is the time to show our friendship for the CLINIC and its faithful editor by sending in our advance subscriptions, which I am sure will be a great help in pushing forward the work, and making the CLINIC even better, if possible, than it has ever been before. Fair weather friends are good, but those who stand by during the storm are the ones that count and are not forgotten. Those who have been "through the mill" can vouch for the truth of this statement.

I am sending herewith three dollars ($3.00) advance subscription, and hope every CLINIC subscriber will do the

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Nervousness: When disusing alcohol, male hysteria and mental overwork, cocaine answers, but the knowledge is perilous.

Nervousness: For children a safe and effective remedy is found in cypripedin gr. 1-6 every half-hour in hot water.

same; the effort will show Brother Abbott we are with him, and be a source of satisfaction to ourselves.

Wishing you all a Merry Christmas and a Happy New Year, I am,

Fraternally yours,

C. S. Scofield.

Richford, Vermont.

ALARMING TOXEMIA: HOW THE DOCTOR CURED IT.

In that bright Texas journal, the *Courier-Record of Medicine,* of Fort Worth, we have recently enjoyed reading an excellent article upon "Rational Therapeutics," by Dr. Orville Westlake. The doctor outlines in an admirable way the principles essential to success in medical practice. We wish we had the space to give the readers all of it, but for that they should write for the journal itself—or better still subscribe; we can give only a "taste" here.

As an illustration of what can be done when the doctor goes about his work intelligently, Dr. Westcott describes the case of a man twenty-four years of age, whom another physician had visited and pronounced in a dying condition. Upon inquiry the doctor found that the patient had been eating heartily for several days and exposing himself to the sun's rays in the cotton field. The evening before he came in from work complaining of intense headache. He was found to be suffering from a fever, temperature 105° F., pulse 120, respiration slow and stertorous. unconscious, jaws set, pupils contracted, abdomen tympanitic. Certainly an unpromising case. However, Dr. Westcott went to work with the following indications in mind: To restore the circulatory equilibrium; to empty the alimentary canal; to arouse the secretions; to reduce the intense fever heat; to neutralize the toxins; to repair the damage done to the system—six pointers.

The treatment instituted by the doctor was as follows:

I gave a hypodermic of atropine and glonoin, each 1-100 grain; a bowel injection of two quarts of cool water, with a tablespoonful each of sodium borate and salt dissolved in it. In ten minutes I repeated the hypodermic. Then I prepared a mixture of croton oil, 3 drops, glycerine 27 drops; forced the mouth partly open and squirted ten drops of this mixture in as far as possible with a medicine dropper, repeating the dose every fifteen minutes, till all was given. I also applied ice-cold cloths to head, chest and bowels and hot bricks to the feet and legs, and wrapped the hands and arms in hot cloths.

In ten minutes the extremities commenced to get warm, the breathing was easier and the pulse softer. In twenty minutes the extremities were warm, the head, chest and bowels much cooler, and the cylster then passed, bringing a large amount of feces. In twenty-five minutes the croton oil got in its peculiar work and soon relieved the patient of an immense amount of terribly smelling filth, His circulation was now equalized again. His consciousness began to return, and then I gave him a teaspoonful of the following mixture every fifteen minutes until his temperature was 102 degrees F. then every half hour until 100, and then every hour thereafter until normal: Aconitine amorphous, 1-134 grain, veratrine, 1-134 grain, digitalin Germanic, 1-67 grain, all in one granule; fifty of these granules dissolved in three ounces of water. This dose was double the standard adult dose, but this case offered plenty of resistance and then "dose enough" to accomplish the work is the law. In one hour he was rational; in

Nervousness: For alcoholics still imbibing, give capsicin gr. 1-6 in a glass of very hot water; or small doses before meals.

Nervousness: Caffeine for physical overwork, with insomnia; for nervous debility; gr. j every hour till relieved; don't overdose.

three hours he was free from fever. His skin, kidneys and bowels had acted well, and he was now out of danger.

To insure more thorough cleansing and get the secretory organs in full action, I gave calomel, gr. 1-6; podophyllin, gr. 1-6, two granules of each every hour, and three hours after the last dose ordered epsom salt, one heaping tablespoonful dissolved in a glass of water, a large swallow to be taken every ten minutes till all was taken; this to be repeated in one and a half hours. I also directed two five-grain tablets of the compound sulphocarbolates every two hours for five doses, and every four hours for five more doses.

All this acted finely, and the next morning he was thought to be convalescent, but that evening late I was sent for to see him again and found him with a temperature of 102 degrees F.; head aching, eyes suffused; bowels hot and somewhat tympanitic, feet and hands cold, sighing respiration and restless, but conscious. His tongue was nearly clean, but was of a purplish tint and "flabby"; his breath was but slightly malodorous. I repeated the hypodermic of atropine and glonoin, and the aconitine mixture as at the first. His circulation was somewhat equalized; his temperature brought to normal in three hours.

Suspecting a malarial toxemia, chiefly indicated by the tongue, I gave him a half grain of quinine, with one granule of capsicin, 1-134 grain, every half hour for eight doses, and then thereafter every hour for eight more doses, after which I placed him on the triple arsenates with nuclein; two granules every four hours for three days, after which he was ready for work again. These last tablets are composed of strychnine arsenate, 1-134 grain; quinine arsenate, 1-67 grain, iron arsenate, 1-67 grain and nuclein 4 drops each.

You will see that the six indications as stated above were exactly and promptly met, as I see it; also the additional inferred malarial toxemia.

This case admirably illustrates the alarming symptoms which may be produced by a septic, absorbing bowel, and the almost magical improvement which follows intelligent resort to the "clean out, clean up" method of treating such cases. It looks simple enough, doesn't it? And it is simple—when you know it. The trouble too frequently is that the physician fails to take into account these elementary principles—sees only the alarming nervous or febrile disturbances—struggles for a satisfactory diagnosis, and finding none lets his patient die. Dr. Westcott knew better and won out.—Ed.

PROFOUND INTOXICATION.

Miss E. S., a strong, robust country girl of eighteen years, with no premonitory symptoms whatever, was suddenly taken ill with excruciating pains in head, apparently shooting from forehead to occiput, dizziness and vomiting, at about 11 a. m., Oct. 28, 1905. Within fifteen minutes, according to those in attendance, she had a convulsion and passed at once into unconsciousness.

I was called by 'phone and told to hurry for patient had "spinal meningitis."

Upon arrival, about one hour later, I obtained the above history of the case, and in addition was informed that about five years ago she had a similar attack, which proved to be cerebrospinal meningitis, from which she recovered in about five or six weeks. I found the patient comatose, and in nearly constant tonic opisthotonos; thumbs flexed in palms, fingers extended, pupils slightly contracted and insensible to light or pressure; pulse 90, axillary temperature 100.6° F., heart very irregular and

Nervousness: Motor restlessness, delirium, insomnia, irritability, from mental overwork, strain or sex excitement, cicutine.

Nervousness: Cicutine is specially valuable when patients fear the approach of insanity; the relief is notable.

Cheyne-Stokes respiration. Gave morphine gr. 1-4, and atropine, gr. 1-150, hypodermically and repeated dose in twenty minutes, after which spasm relaxed somewhat, while heart and respiration were much improved.

I returned in about two hours with counsel, Dr. Worthly, of Joliet, who attended her during the previous attack. We found patient in same condition as when I left her, and attendants said that there had been no change during my absence. Shortly afterwards a few red spots appeared over chest, which rapidly increased in size and number to a profuse blotchy erythematous eruption covering face, neck and upper chest. The bowels were emptied by copious enemas, and we were preparing for normal saline transfusion, when respiration began to fail and pulse ran up to 160 beats per minute.

Hypodermic injections of atropine, glonoin, digitalin and strychnia were without effect. The eruption assumed a purplish color and respiration ceased. Artificial respiration was continued for perhaps fifteen minutes, when heart ceased beating at about 3 p. m.., and our patient was dead after only four hours illness.

B. L. Good.

Wilmington, Ill.

—:o:—

Once in a while the physician is called upon to treat these terrible and rapidly fatal cases, and they defy the skill of the best of us. We are going to turn this case over to the family for comment. What was the nature of this profound intoxication? How would you have treated it? What do you see in the doctor's treatment to criticise? We confess that we have our doubts if any thing could have saved this patient.—Ed.

GREEN APOMORPHINE.

Having read several interesting articles pro and con on "green apomorphine," I will give you my experience from the use of it in two cases. In 1895, while living in a "dry town" in which there were several "joints" where one could buy a decoction called "hophenweis" (I think I have the name spelled correctly, the negroes called it "hop tea"), I was sent for to visit a negro blacksmith, who, the messenger said, was having "fits." I found a robust mulatto lying on the floor in the rear end of the shop with a block of wood for a pillow. The face was flushed, pulse slow and full, breathing stertorous, every few minutes spasmodic rigors.

I could get no information from the numerous bystanders, but proceeded to "clean out" by giving hypodermically, 1-10 grain of *green* apomorphine. In a few minutes the "hop tea" began to "flow" and it was surprising the way it continued to flow. One of the negroes there told me, "Dat nigger dun drunk ten bottles of hop tea since breakfus. The bottles were small size beer bottles. After the "flow" ceased and an hour's sleep he resumed his work in the shop.

In August, 1902, I was called to see a young white man. I found the patient suffering from severe cramps and pains in the stomach. The family thought he had been poisoned, said he had eaten "some" watermelon. I gave him a hypodermic of 1-10 gr. green apomorphine. In a few minutes he began to vomit and

Nervousness: When giving cicutine, use the hydrobromide, gr. 1-67 repeated every two hours; a few granules suffice.

Nervousness: That resulting from physical overwork beyond capacity is relieved by veratrine one or two granules in hot water.

from the quantity it looked as if he had downed a whole "watermelon patch" minus the vines. After the effects of the apomorphine had passed I gave him a large dose of salts in order to let the balance of the melons and the vines (if they were in him) pass out the other way. The patient recovered without further trouble.

In my experience I have found no difference in the effects of the "green" and the fresher tablets of this remedy.

H. C. Buck.

Friars Point, Miss.

—:o:—

Nor has anyone else who has used the "green" apomorphine had any trouble in getting desired effects, minus any toxic action. It is pretty nearly time this bugaboo was exploded.—Ed.

SOME RANDOM SHOTS.

Well, the winter is here, and of of course we will have pneumonia cases, and what not to deal with. I have come to the conclusion in treating for pneumonia to give as little drugging as possible. I had a number of cases last winter and lost none. Antiphlogistine and the various poultices may be all right, but I have discarded them, thinking them too burdensome. An application of equal parts lard and turpentine on a greased cloth, sprinkled with Lloyd's emetic powder answers better. I prefer the latter, renewing it every fifteen to twenty-four hours.

If pulse is high and bounding, with high temperature, I use defervescent compound to effect and keep it there with the compound and cold applications. I usually give a little strychnine throughout the case. Of course, special symptoms require treatment. The thing to be remembered is "not to treat pneumonia but a patient with pneumonia."

I think the time has come for physicians to discard the massive medicine case, filled with messy solutions, which often nauseate their patients. The granules and tablets are neat and clean, and if properly dispensed, almost tasteless.

A word right here about dispensing. I dispense all my own drugs. People frequently call at the drugstore to have some old prescription filled for some complaint, something that Doctor So-and-So gave them years ago. I give them the medicine and charge accordingly. If I think they want their money's worth I make a solution of the tablets, throw in a few saccharin tablets to sweeten, color with a little syrup of rhubarb and the thing is done.

Some of the most remarkable cures I ever made I accomplished with the granules. I had a case of asthma this fall—a chronic case—patient said she had taken "barrels of stuff" for it with little or no relief. I promptly put her on strychnine arsenate, glonoin, and hyoscyamine, three of each every ten minutes during a spell, and pushed the strychnine between spells, and now she says she enjoys better health than she has for three years past.

Yes, the alkaloids have helped me in many a tight place.

I have come to advise caulophyllin in labor cases, for rigid os, false pains, or tardy pains, etc. I give two granules in hot water every twenty to thirty minutes. Sometimes a granule of glonoin seems to assist in these cases. No doubt I will be censured, but for after-pain

Nervousness: To quiet emotion and restore self-control, caffeine valerianate, a granule every five minutes till effect.

Nervousness: Any valerianate relieves emotional instability; give small doses repeated very frequently, in hot water.

I leave a few hypodermic tablets of morphine and strychnine to be used as needed, per os. I have never noticed any ill results from their use, neither have I noticed any after-pains.

Do any of the brethren use strychnine arsenate preparatory to labor? I got the idea from Professor Hughes, an old therapeutist at Keokuk. I always use about 1-60 grain thrice daily for two to six weeks prior to expected delivery, and find that it is a good thing. I find with its use labor is easier, and quicker and is accompanied with less complications. Give it a trial.

The sulphocarbolates have done me many a good turn during the summer. When I look back upon my summer complaint cases and dysentery and general stomach troubles in old and young, I find that I have not lost a case during the season, giving me reason to think the sulphocarbolates are about right. Now that winter is here I shall not forsake them. Sometimes they come pretty handy in pneumonia, and other trouble. They are without doubt one of our best all-around antiseptics.

I have considerable more I would like to tell, but I am afraid I have already made this paper too long so will speedily bring it to a close. Pardon these rambling random shots as I have dashed them down "'tween spells" during the day.

E. A. Nash.

Dundee, Iowa.

GERMICIDAL TREATMENT OF PNEUMONIA.

It being well known that pneumonia is the result of the presence of pneumococci in the lungs, it stands to reason that a germicide coming in contact with these germs will tend to destroy them. That has been found to be the case, and the treatment that I have used for the past eight years has been as follows:

Commence the use of formalin as soon as the first symptoms make their appearance. This inhalant is made in the following formula: Alcohol, oz. 1½; formalin, dr. 3; chloroform, dr. 2; oil rose geranium, gtt. 20.

The amount of the formalin can be varied slightly but the ordinary formalin of the druggist is not over 30 per cent. When of full strength two drams is sufficient. This must give the best results and is the commonly used strength. This should be used from a large-mouthed vial held near the mouth of the patient.

The patient should be kept under its influence until all symptoms of the disease have disappeared, and until all pneumococci have disappeared from the system. The chest is to be kept covered with iodized oil with chest packed. The oil is made of saturated solution of iodine in alcohol, oz. 1; castor oil, oz. 7.

This should be kept thoroughly applied until the lungs are clear. The bowels should have attention with suitable medicine. The cough is allayed by the use of prussic acid with some mild sedative. The following is usually used: Deodorized tr. wild cherry bark, dr. 2; syr. tolu, oz. 2; dil. prussic acid, dr. 1. One teaspoonful every two to six hours in connection with 5 grains of hexamethylene-tetramine (urotropin) which is given once every two to six hours. With this treatment the pneumococci disappear with twenty-four hours. The

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Nervousness: Nervous debility, vague pains, alcohol or tobacco users, strychnine arsenate in small doses pushed to effect.

Danger from intraspinal use of magnesium salts is removed by flushing spinal canal with soda solutions.—Meltzer.

doses can then be given at extended periods as the case progresses toward recovery.

The patient usually using the inhalant after the first twenty-four hours finds it a relief to all lung disturbances. The sputum within a few hours under the inhalant becomes thin and watery and the rustiness usually disappears. The disease is abated by the destruction of the germ in the lungs by the inhalant, and those in the general system are as readily destroyed by the use of the salt of formaldehyde by the stomach.

The cases are usually under control within twenty-four hours.

Case I. Miss McL., age seven years, malignant rubella, with difficulty in both lungs. Was thought to be in a dying condition and was unconscious; had not swallowed in six hours; constant flow of bloody mucus from mouth and nose. She was given the inhalant with instructions to hold to the face until she should sleep, then to hold a little further off. In thirty minutes the patient was sleeping with marked relief. The chest was then packed with the iodized oil, and as soon as the patient could swallow small doses of hexamethylene were given by the mouth, with strychnine added to the oil as a stimulant and tonic. Prompt recovery followed.

Case II. Mr. C., age 40, an habitual user of intoxicants, was found after an all-night rest on the ground thoroughly chilled. Was taken in charge by the authorities, cared for and developed pleuropneumonia.

Was admitted to the hospital, on the 10th day. Condition: Temperature 104, pulse 130, respirations 36. It was thought that he would die. Left lung congested and right partly so. Sputum rusty, some hemorrhage. Painful cough nearly constant. Some irritation of the stomach and bowels. Was delirious at the time.

The treatment was as follows:

Inhalant held constantly to mouth. Chest wrapped with pack saturated with iodized oil. Hot bottle to hasten absorption of iodine. Full doses tinc. lupulin, tinc. valerian, tinc. capsicum, with soda bromide, small doses of strychnine with digitalin once in two to three hours. In twelve hours sputum had become clear and respirations improved. Temperature subsided at the end of twenty-four hours. Hexamethylene administered with strychnine and digitalin. The lupulin mixture was continued as it was found necessary to control disturbances following the excessive use of alcohol.

Case was in one week out of bed. Discharged.

H. C. Howard.

Champaign, Ill.

—:o:—

This inhalation of formalin is decidedly useful. Whether it will abort pneumonia we do not know, but in common colds and the forming stages of respiratory influenza we have employed it with unmistakable benefit.

Some years ago a very bright girl tried to put on the market a little instrument known as a "crystal chimney," which consisted of a glass tube dilated in the center containing absorbent cotton impregnated with formalin. Had the public appreciated, at its true value, this little apparatus, she would have made a a fortune of it. Possibly it was too simple and too cheap for public favor. Had it been a secret costing $10, judiciously

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Paralysis from magnesium intraspinally rises from legs to body and if the dose is large enough stops respiration.—Meltzer.

Chevalier found in an American aconite 9.58 grams per kilo of alkaloids; double the ordinary quantity.

advertised, people would have tumbled over each other to get it.—Ed.

INFLUENZA ABORTED.

We desire to lay before our readers clearly and succinctly a few simple points relative to the radical treatment of influenza, considering the subject in general rather than in detail for, regardless of the form in which it may manifest itself, the symptoms are practically the same, the resultant being determined by degree or by certain physiological weaknesses.

In all cases three things present, congestion, cessation of elimination and infection. These call for aconitine, digitalin and veratrine if sthenic; or aconitine, digitalin and strychnine if asthenic, to reduce the congestion. Use saline elimination to clear out the alimentary canal (preceded by a few granules of calomel, gr. 1-6, if desirable); this cleaning to be followed by the compound sulphocarbolates as a local disinfectant. The basal remedy, calcium iodized, being given in medium dose (one-third to one-half or one grain, according to severity of attack) every two hours from the first.

If this treatment is instituted promptly and varied to meet existing indications as they present (that is, departure from the usual, typical state) practically all cases will be aborted.

Should they run along for a few days in spite of treatment, as they sometimes will do when the physician is not prompt and positive enough with his dosage, no change is to be made except to increase the dosage of this or that according to indications and sometimes to add hyoscyamine or codeine, or both, with perhaps a spray of campho-menthol solution for the cough.

This general outline will apply in all cases of coughs or colds and exceeds immeasurably any other that to the writer's knowledge has ever been presented.

MY BEST CASE IN 1905.

A physician going away, left in my care a woman who had been flooding for a week. The treatment had consisted of a careful packing of the vagina, the case being a non-parturient one. It was afterwards estimated that there had never been the least stop to the hemorrhage; the apparent check representing the time necessary for the blood to saturate and flow through the tampon. The internal use of adrenalin I had to regard as going for nothing, as I had accepted the views that the action of the drug is local only. The husband came first to get some medicine which I rather unwillingly sent. Towards night of the same day I was sent for. The condition was about this: A mother of several children. No evidence of a recent pregnancy. Two years ago, treated for same trouble in hospital by curettement. Had experienced relief, until recently these attacks had returned.

I found the medicine I had sent had made no impression. My rising astonishment at this failure subsided when on examination I found the most marked derangement of the stomach and hepatic function and the patient well on in the second week of an attack of la grippe, of which no regard had been had. My treatment of this case, as a learner at the feet of the two masters, Doctors

Bardet found in aconite from Zinal valley enormous quantities of alkaloids as compared with other French aconites.

Fever increases nitrogen excretion; quinine and coal-tars stop this loss, but it increases when the drug is stopped.—Dutcher.

Waugh and Abbott, had been fully tested lately in two cases of hemorrhage following abortion, each at three months, and I took hold of this most desperate case with a confidence that was almost exultant.

Glonoin and atropine first, of course; but a feeble fluttering pulse called also and quickly for strychnine in full doses. The bad condition of the stomach had prevented the absorption of the medicine I had sent, and now that little instrument that usually stays in my hip pocket was brought out, its plunger in good order as always, and for a little while doctor and little syringe were very busy. Gelatin, all the state of the stomach would allow, was given by the mouth and probably did no good. The exsanguined patient, pale as death, seemed destined to leave a house full of motherless children. I had watched my own mother die while I was a child and the tide of sympathy rose till every faculty was aroused. The husband, full of sympathy, was level-headed and cool and ready at a nod to do just what I wanted. The night had set in and I was left there with that white face and the ticking of the clock. But it was a time for work most strenuous and a watchfulness most alert. Aye, these night battles when the enemy is right there! The powerful remedies were repeated with a frequency which ordinarily would have been sheerest recklessness.

As the hours wore on there came gradually the evidence that the tide was turning. Then the local use of ice in the vagina was resorted to and the flow began to check and the vital force to rally, with no tampon in the way to mislead. The full saturation of the system by the two powerful alkaloids, atropine and strychnine, I was perfectly sure would hold every point gained and keep the blood damned back from the point of leakage and my confidence increased, as I knew I was building on solid foundation.

Another agency, not physical I would be untrue to myself and my past experience if I should here withhold. Probably I might not be courageous enough to allude to it if it were not for the recent words of that rare, brave man, Dr. Brewer, my reliance on a higher power, the Eternal Creator. Able to do because omnipotent; willing to do because of our Father working with or through our remedies.

In perhaps five hours the flow had ceased entirely and with the heart's action so strong and steady I wasn't afraid to let my patient have what she needed, a night of refreshing sleep. And by midnight we were all resting in slumber, one more fierce battle fought and one more victory won.

M. T. Fulcher.

St. Louis, Mo.

ALKALOIDAL MEDICATION.

Herodotus tells us, "It was a Babylonian custom, of placing their sick at the gate of the city, that these might obtain the experience of others as to the same complaint afflicting them, and get advice respecting the treatment of their own cases."

Drug medication is founded and built upon *empiricism*. Likewise alkaloidal treatment—that well-nigh perfect form of drug medication. The process of the development of practical therapeu-

Carthagena ipecac, now admitted, is richer in cephaeline and poorer in emetine than the now scarce Rio root. contains 2.026 p. c. emetine and 0.0842 cephaeline; Carthagena root 1.544 per cent emetine and 1.389 per cent cephaeline.

tics, has resulted in this last system of drug medication, and given us, as heir of the past ages of progress, this vastly superior mode of treatment.

In the administration of the alkaloids, the practice is to give a minimum dose every fifteen, twenty, thirty or sixty minutes until the desired result is obtained. To illustrate: I am called upon to attend the case of a little child suffering with a severe fever. I make my diagnosis—malarial fever. If I reach the patient while the chill is on, I administer one granule of atropine gr. 1-500 to relieve congestion. To clear up the system from debris, and to stimulate a free flow of antiseptic bile, I give one granule, 1-10 grain of calomel, and leave five others to be taken one every hour until a free action of the bowels is obtained.

For the pyrexia, I call for water, glass, and spoon. Placing twenty-four teaspoonfuls of water in the glass, I add from my pocket case from three to six granules (according to the age) of defervescent compound, a teaspoonful of the mixture to be given every fifteen, thirty, and finally sixty minutes. As dominant treatment (or prophylactic) against the malarial cachexia, either the arsenate of quinine, or the antimalarial granules (Dumas).

It was during the year 1895 that my attention was practically directed to the advantages of using the alkaloidal granules in preference to galenical preparations. The *Medical World* called my attention to, and caused me to accept alkaloidal medicine as part of my routine practice.

Ever since its discovery, Peruvian bark, its preparations, or its alkaloids, have been the standby of our profession as a prophylactic in its relationship to malaria. Whether we regard Peruvian bark, or its alkaloids, as a germicide, or as an agent for remedying the ravages of the disease on blood constituents, or as a general tonic, we cannot limit its action within these lines, that is, if we administer it in the doses we are accustomed to use in cases of malarial infliction.

To illustrate: In large doses, long continued, we find it highly congestive in its action on the body. Hence the dizziness and the ringing sounds in the ears. By its congestive, energizing action on the uterus in labor, we find it an excellent substitute for ergot. It is therefore contraindicated in pregnancy as tending to such a stimulation as may result in loss of the fetus before term.

Another thought: Arsenic is known, empirically, to increase the number of blood-corpuscles in the blood current. Therefore it does repair some of the ravages of the malarial complaint. It is also recognized as a germicide.

A case: A few weeks ago I was called upon by a lady patient to treat her for malaria. She has given birth to seven children; the two last confinements I attended her. When called upon to attend her for the fever, her chill had passed off and she was suffering from the fever. Before administering any drug, she informed me she was seven months with child, and that she could not take quinine, as it brought on labor pains that threatened to make her miscarry.

I gave her a defervescent granule, and left others to be taken when required. In addition to this, I gave her one granule of atropine. I also gave her fifty granules of arsenate of quinine, one

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Cephaeline is an acrid emetic while emetine is but mildly nauseant but markedly expectorant. Use the alkaloid you need.

With your treatment of hemorrhoids include aesculin and you will cure most of your cases. Try it brother.—H. Whistler.

granule every two hours first day, and one every three hours afterwards until used up. She had but one return of fever from commencement of treatment, and up to date is doing nicely and feeling first rate. It is now one month to her confinement. Her bowels and kidneys were properly looked after. The treatment of this case was purely alkaloidal from the beginning to the end.

It is my belief, that ninety-five per cent of all cases can be treated with greater success by alkaloidal medication than by the old-fashioned plan of treatment, by tinctures, extracts, (both fluid and solid) and the multiform modes of medication taught in our schools.

A. T. CUZNER.

Gilmore, Florida.

CALCIUM IODIZED AS A STIMULANT TO INDOLENT ULCER.

Thousands of CLINIC readers are using calcium iodized and its scope is widening rapidly. One writes:

Have you ever used calcium iodized externally, or have you any report to that effect? I had a case of severe varicose ulcer with a specific history. In spite of specific treatments and local applications the ulcer refused to heal. I had a bottle of powdered iodized lime handy and I thought it would not be a bad thing to try it; the iodine for its specific effect and the lime as a stimulant ought to work well. I covered the ulcer thickly with the powder and told the patient to return in forty-eight hours. He returned in seventy-two and the improvement in the appearance of the ulcer was truly remarkable. I am still treating it in the same manner and there is now only a little ulcer, about the size of a quarter, left. The improvement is apparent from day to day. Of course one swallow does not make a summer, but I thought the experience was worth while reporting. If you have other reports let me know.

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We have used this remedy as a dusting powder to advantage—in fact, with excellent results where antiseptic stimulation is required, and can therefore recommend it highly. Let others report.

EXPERIENCE WITH CALX IODATA.

I have often read statements in the CLINIC as to the marvelous results obtained from some of the alkaloidal products, which seemed to me must have been very much overdrawn, but as I have fairly tested some of these agents I find that the "half of their value has never been told" and most especially have I found this the case with calcium iodized.

I began its use over two years ago and have found it a remedy of the widest range and most dependable therapeutic value of any remedy of which I know. And it is with this remedy that in a number of diseases which I formerly most dreaded I now get most satisfactory results, such as tonsillitis, croup, bronchitis, pneumonia, scrofula, measles, lagrippe and coryza.

My first experience with it was in a case of tonsillitis in myself. I had for some time been having attacks of tonsillitis occasionally, lasting several days at each attack. Two years ago, while out on a call, I was taken with a chill followed by high fever and sore throat. I

Principles acting on the nervous system are alkaloids; on the muscles, glucosides; on the bowels, neutral; as a rule.

Alkaloids never exist free in plants but as salts of organic acids—malic, tannic, sometimes peculiar to the plant.

at once began with calx iodata, one-third grain, and one granule of aconitine every fifteen minutes, then thirty minutes, and later on an hour apart. In less than twenty-four hours I was clear of fever, felt relieved and only lost one day from riding.

In the acute stage with fever I usually combine the calcium iodized and aconitine in solution and have them pushed to effect. I usually supply the nurse or some member of the family with a thermometer so that they can give "dose enough" and know when to quit:

I have since used the above treatment with myself, with the same good results, and also in many cases in my practice.

I could give a number of cases of pneumonia aborted in from two to five days with calcium iodized and aconitine. It is true I used other agents but these were used by routine and mainly depended upon. I have this fall used calcium iodized in six cases of diphtheria. The first case was a child eight years of age, seen on September 26. Had been taken on the twentieth with sore throat as the parents thought. They had used "home remedies" to time I saw him and he had grown steadily worse, till his condition had become alarming. Temperature 102° F. very distressing dyspnea, had thrown off several detached membranes, could not speak above a whisper.

I put him on calcium iodized, half a grain with aconitine every half-hour and in four hours he was breathing easier. After six hours the medicine was given less frequently. In twenty-four hours from the first visit I again saw the child and found him breathing easily, temperature 100° F. and the throat in much better condition. I had him continue the remedy for several days and he made a speedy recovery. At this visit another child of the same family, complaining as the above case did on the start, had swollen and inflamed tonsils with a small exudate. On the same treatment the symptoms soon disappeared.

About two weeks later I was called to see a child six years of age on the seventh day of illness. This child's condition was about as the first one described, perhaps more distressing. I put her on the same treatment and in three hours she was breathing much easier. About ten hours after the first visit I called and administered 3,000 units of antitoxin. She had continued to breathe easier and until the beginning of the third day after I saw her seemed to improve, when she developed signs of pneumonia and died at the close of same day. A beginning attack in older child of same family was soon relieved with the calx iodata.

I have just discharged a case with baby eight months old, treatment began about fourth day of illness. Calcium iodized gave marked relief inside twenty-four hours, but was continued for several days.

I was called December 1, to see a boy ten years of age on the second night after attack. Suspected diphtheria, temperature 103° F., tonsils much swollen and could see a small exudate on one tonsil. I put him on the iodized lime and urged the parents not to miss a dose. I told them I would see him again next day, but he was so much improved, they thought, the next morning they telephoned me they thought it unnecessary for me to come. He was up after the third day and parents thought I was

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Plant combinations of alkaloids are almost always soluble in water and in alcohol; insoluble in ether.

To learn extraction of alkaloids, see Allen's Commercial Organic Analysis, Vol. III, Part II; Blakiston, price $4.50.

mistaken in the diagnosis and to confirm their belief the druggist told them "no child could have diphtheria and get up so soon." On the fifth day I was again called to see the child and found his temperature 102½° F., and other symptoms almost as first case described. I resumed treatment with the iodized calcium when after two days he had improved considerably and on the 18th I discharged him.

I report these cases in detail as there seems to be deficient data on which to form a satisfactory conclusion as to the value of calcium iodized in diphtheria. I only used antitoxin in one of the cases as reported above and did not see any appreciable results from it over what the calcium iodized was giving. I would not advise against the use of antitoxin when used early as I have had good results from it in former cases. But I believe that with the proper use of calcium iodized, antitoxin will not be needed and the results are so much more sure and rapid.

Much more of the good results I might relate of this remedy, but those who have not tried it will find with a fair trial much more satisfaction in the results than what I could tell them of it.

W. J. SHACKLETTE.

Stephensburg, Ky.

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In diphtheria it is always well to be on the safe side—give antitoxin by all means! Calcium sulphide should be given to saturation in every severe case. —ED.

THE TABETIC FOOT.

Schwab and Allison (*J. A. M. A.*) who have studied the cause of the tabetic gait in fifteen cases of tabes under observation for two years, came to the following conclusion: That the foot of a tabetic showing any degree of ataxia is a pronated foot, the pronation leading to muscular strain on the ankle, knee, hip and spine. This, together with the hypotonia, tends to break down the long arch, the result being a faulty mechanical instrument for walking, which has much to do with the ataxic gait. The Fraenkel exercise is advocated as a corrective, in conjunction with an orthopedic appliance in the form of a specially adapted shoe.

STATIC ELECTRICITY IN THERAPEUTICS.

May Cushman Rice (*Med. Record*) believes the general practician should better understand the uses to which static electricity may be put, as an adjunct to other therapeutic measures. The positive breeze relieves congestion when the positive pole is used, and, being a sedative, is indicated in headaches, epilepsy, neurasthenia, hysteria, etc. The static spark is a stimulant, producing counterirritation, and is useful in breaking up adhesions and in aborting acute rheumatism, rupture, ganglia, etc.

Other conditions in which the author recommends static electricity are convalescence after operations or prolonged illnesses, tuberculosis, neuritis, tic douloureux and constipation.

A FEW FACTS WORTH REMEMBERING.

Small doses of magnesium sulphate taken constantly will almost invariably

No more knowledge of chemistry and manipulation is required to extract alkaloids than any physician should possess.

Animals may be immunized by successive doses of strychnine and their serum injected renders other animals immune.—Meier.

cause warts to disappear. Ten grains of the sulphate once daily (or better five grains, t. i. d.) will cause the growths to shrivel and disintegrate in about two weeks. Facial warts are especially amenable to this treatment.

Avenin has not received the attention it merits; with helonin (aa. gr. 1-6) viburnin and gelsemin (gr. 1-134) it proves a most useful nerve sedative and tonic, exercising a selective action upon the reproductive organs. In deficient and painful menstruation due to anemia and nerve exhaustion this formula gives excellent results. Iron arsenate is of course indicated in the intermenstrual periods.

Mercury bichloride in extremely small and repeated doses will often give the most satisfactory results in the menstrual disorders which present in anemic and chlorotic subjects. Glandular activity is here particularly desirable (the strumous tendency being generally marked) and the small dose of the bichloride (alternated with iron and quinine) meets the indications perfectly. Gr. 1-134 to 1-67 thrice daily will prove the most effective dosage.

Scillitin is worth considering in "bronchial asthma;" hyoscyamine, lobelin, and scillitin in small doses may be alternated with strychnine and digitalin, every fifteen minutes. An excellent plan is to make a hot solution of glycerin and water, add the first-named remedies in sufficient quantity for three or four doses and order a teaspoonful as above.

Pilocarpine and cantharides usually prove the most effective remedies in alopecia areata. The patch should be well mopped with a strong solution of mercury bichloride (or silver citrate) and the following lotion applied three times a day: Ext. pilocarpi fl., oz. 1; tr. cantharidin, fl. oz. 1; lin. saponis, fl. oz. 2½. Mix. Internally sulphur and pilocarpine in small doses.

The effectiveness of kerosene as a remedy for falling hair is generally acknowledged; the addition of acetic acid, dr. 1; cologne, oz. 1; to three ounces of kerosene will add to its value and entirely mask the unpleasant odor. The scalp should be rubbed well with this mixture night and morning.

Chloride of ammonia, half a teaspoonful, dissolved in a glass of water, will, if swallowed by a hopelessly drunken man, speedily enable him to walk or transact necessary business. Two ounces of olive oil will *prevent* intoxication from becoming profound. Gtt. 1-2 of beechwood creosote will put a stop to the hiccough following the use of alcoholics. A full dose of apomorphine followed by capsicin will usually put an end to violent alcoholic delirium. The doctor often needs to know just these things. Remember them.

Never give chloral hydrate to a delirium tremens patient. Death has frequently ensued promptly. Empty the stomach, wash out the bowel and give capsicin or piperin with hot water and a hypodermic of morphine and atropine. Avenin and passiflora pushed in full doses will give sleep.

If you haven't adrenalin at hand and epistaxis is serious, inject lemon juice and put the feet and hands into *hot* water. Give gr. 1-250 of atropine as soon as you can. In anemic cases the triple arsenates will be the best remedy; give for some weeks—one after meals.

Many diseases, including rheumatism and sciatica, are traceable to streptococcic pharynx infections.—Schwarzenbach-Holinger.

Pneumonia: Alcohol lessens leucocytosis, alkalinity of the blood, renal excretion, all elimination, disturbs proteid metabolism.

Bruises often demand attention: A solution of ammonium chloride in vinegar will, if applied on a compress, give excellent results. If seen early apply *hot*.

As an emergency application for burns and scalds nothing will equal a mixture of olive oil and creosote—one part to fifteen. This is applied at once with a clean feather or soft brush and pain ceases almost instantly. Asepsis is secured and the dressing (lint) does not stick. In burns of first and second degree nothing else required, as a rule.

DO YOU WANT THE INDEX?

Will all subscribers to the CLINIC who desire the index for the year 1905, kindly notify us at once. This was held out of the December number in order to get the journal out with as little delay as possible. It is now being printed and will be sent to those who ask for it.

FRESH AIR AND REST IN PULMONARY TUBERCULOSIS.

Dr. G. R. Pogue (*Med. Record*), points out that more harm than good has been done in many instances by ordering delicate consumptives with high fever, chills, and night sweats, to exercise and lead an outdoor life, without other instruction or a consideration of the lesions present. The patients should begin the outdoor life gradually, and without abrupt transition from their usual mode of life. Again, they aren't to spend seven or eight hours a day in a closed canvas box. They should eventually be kept outdoors all day long in the open air, and under practically the same conditions at night, but care should be exercised to protect them from cold winds, rains, and storms, and in the summer from the direct rays of the sun. Of sixty-two patients whose histories are known to the author, and who were ordered to live outdoors and "rough it," forty-three are dead, and only two show signs of an arrest of their disease. He emphasizes the importance of rest in the treatment, patients being inclined to take too much exercise of their own violition.

DIABETES INSIPIDUS.

Schmidt said that two causes were mainly responsible for the quantity of the urine—namely, (1) increase of the arterial tension and of the velocity of the blood circulating in the kidneys, and (2) dilatation of the vessels of the same region. It was not likely that an increased chemical action due to special irritation of the parenchyma cells took place at the same time. As yet all descriptions of diabetes had the drawback of not exactly stating the blood pressure at the time in question. The changes producing polyuria, and polydipsia, could be looked for either in the nervous system, such as pathologic changes in the cerebellum, in the medulla spinalis, or in the vagus nerve (tumors, hydrocephalus, apoplexy, cerebral shock, disseminated sclerosis, cerebrospinal meningitis, section of the vagus at the throat, or pressure by an aneurism of the aorta); or, secondly, in the action of diuretics or similar chemical agents producing a dilatation of the blood-vessels. Severe cachectic and anemic diseases were also likely to produce polyuria, perhaps on account of the hydremia always present in carcinomatosis, chronic phthisis, and pernicious anemia.

The high mortality of pneumonia is in part due to the administration of alcohol; use only in habitues.—Barr Todd, *N. Y. M. J.*

Solis-Cohen praises palladium chloride in phthisis, except in nervous and neurasthenics where it easily increases heart action.

The treatment consisted generally in the exhibition of vasoconstricting remedies, such as ergot, digitalis, adrenalin, strychnine and the like. But the results were very unsatisfactory.

Schmidt proposes to produce hyperemia in another but neighboring region, especially in the mucosa of the intestinal canal and in the skin, so as to relieve the renal capillary system. In three cases he prescribed an energetic purgative, consisting of one gram of podophyllin, mixed with powder and extract of rhamnus frangula, and divided into 40 pills, two of which were taken every evening. The purgation induced in this way acted as a counterirritant and Schmidt succeeded in considerably benefiting his patients, so that they are now practically well. In cases which are able to sustain a sweating treatment by the use of the hot Turkish bath the relief obtained by the action of the sweat glands is still more marked, but care must be taken to ascertain that there is no atheroma of the vessels, degeneration of the myocardium, nervous asthma, or tachycardia which would be contraindications against such a radical procedure. The best results are obtained in polyuria combined with constipation and diminished perspiration.—*The Lancet.*

TREATMENT OF CHOREA.

Several of the French medical papers have lately called attention to the use of alkaloids in chorea, in particular apomorphine.

Clinical details are given of several cases of quite a severe nature. In one of them the trembling and symptoms were at first controlled by the following: Zinc valerianate and iron valerianate, of each one granule; monobromide of camphor, one; hyoscyamine and strychnine arsenate one each. These five granules were given five times a day and helped the case.

But the curative result was reached by this: Apomorphine, one; valerianate of iron, one; and monobromide camphor, one. These five granules were given four times a day. Then thinking that the apomorphine was the most active, it was given alone and in two weeks the case was cured.

These cases are so difficult to cure that trial should be made of this remedy.

THOMAS LINN.

Nice, France.

—:o:—

This is an excellent suggestion. We hope that some of the "family" will try the apomorphine and report their successes or failures through the CLINIC.

FOOD FOR BABIES—AND FOR THOUGHT.

It has been taught so strenuously for a number of years that the digestion of milk is seriously impaired by cooking and even by pasteurization that an item from one who thinks differently should have serious consideration. Some experiments recently made by Dr. Timothy Majonnier and reported in the *New York Medical Journal* are interesting in this connection. Under test conditions he examined samples of raw, pasteurized and boiled milk and "evaporated cream, the last being the trade name for an unsweetened condensed milk. The proteid in these different foods

Weigert-Sterne treats hay fever by insufflations of sodium bicarbonate and chloride as often as symptoms appear.—*N. Y. M. J.*

Levy finds cacao containing lecithin increases the excretion of phosphorus in the urine, nitrogen being unchanged.—*Merck's Arch.*

was precipitated with acetic acid and digested with artificial gastric juice, made with pepsin and dilute hydrochloric acid. Tests made at the end of half-hour and hour periods showed that the raw milk was least rapidly digested and the evaporated cream most rapidly, an average of 92.6 per cent of the protein of the last being digested at the end of the hour.

As a further verification a child and a man were placed upon a diet of evaporated cream sweetened with cane sugar. The child thrived, gaining a pound a week; the man lost weight but gained in protein.

A diet of this kind may therefore be considered as a thoroughly digestible one, and admirably adapted for babies, while meeting many indications for an adult food. To remove any danger of infantile scurvy it should, however, be supplemented by some "natural," uncooked food, such, for instance, as a little fruit juice once in a while, or possibly, upon occasion, a little raw expressed beef juice.

THE DAY SPENT—BUT NOT WASTED.

"I know the night is near;
The mist lies low on hill and bay;
The autumn sheaves are dewless, dry,
But I have had—have had the day.

"Yes, I have had, dear Lord, the day;
When at Thy call I have the night,
Brief be the twilight as I pass
From light to dark, from dark to light."

J. W. C.

——, New Jersey.

—:o:—

We love to honor these noble old men of our profession, who "have had the day" and used it—used it wisely, simply, lovingly; so that when old age comes, it comes as a benediction.—Ed.

FROM THE ROAD.

I had the following experience a few days ago, where I believe I saved the life of a child with calcium iodized. Having arrived late on Saturday night in a Missouri town I had not had a chance to meet any of the doctors. On Sunday morning, with the landlord of the hotel where I was stopping, I went to the postoffice for the mail and while waiting there he introduced me to one of the local doctors.

The doctor said to me, "Come up to the office; the mail is late and we can wait more comfortably there." While in conversation with him I told him of calx iodata and its worth in croup. He said, "I wish I had it here now." I asked why.

He said, "Last night I was called to a case of croup and have just now come from a consultation on the same case, and the child will die within two hours."

I said, "Doctor, would you use the remedy if you had it?"

He replied, "Yes, I would use anything."

I told him to wait five minutes, hurried to the hotel and got him a few tablets from my samples, rushed back to his office and gave them to him with the instructions to dissolve twenty in ten teaspoonfuls of hot water and give a teaspoonful every fifteen minutes.

He grabbed his hat and ran for the home of the child. This was at eleven o'clock in the forenoon; at three o'clock in the afternoon a rap came at my door at the hotel, and on opening it I found

In impoverished blood lecithin often does more good than iron; particularly in secondary anemias.—Levy, *Merck's Archives.*

Remete used thiosinamin injections in the back for 20 urethral strictures; results decidedly favorable.—*American Medicine.*

the doctor there. He came in and said to me: "Be sure to come to my office the first thing tomorrow morning! I want to give you an order. I am convinced that *calcium iodized has saved the life of that child.*"

He then told me that when he reached the house he gave the child a dose of the calcidin, repeated every fifteen minutes until he had given five doses with no visible effect; that then the child began to choke and cough. He said his hair fairly stood on end from fright, as he thought the child was choking to death, but when he gave the sixth dose the child gave another choke and cough and up came the phlegm, when the child was relieved at once. I have since learned that recovery was prompt and uninterrupted.

The following ludicrous incident occurred a few days since. I arrived at Unionville, Mo., just in time for dinner. The hotel (which by the way is the best in northern Missouri) has always on its table a plate of delicious white honey, of which the writer is very fond; so with good bread and butter and some of the honey I rounded out a good dinner. I also thoroughly enjoyed my supper when I had warm biscuits and honey again. The next morning for breakfast I was served with a plate of pancakes, but when I looked over the table for the honey found it missing. Calling the waiter I said to her, "Where is my honey?"

Leaning over, she said in a stage whisper, "Say, Boss, she don't work here no more; she done got a job at the other hotel."

The laugh that went around the table it is needless to say cost me several cigars; but the alkaloids are right, and are taking tip-top.

ONE OF THE BOYS.

THE CORN STALK PITH AND THE SCREW CAP VIAL.

No, this is not a fairy tale, it is just one of those trifling little ideas we all have and consider too small to tell about. Wishing to carry a few tinctures in my pocket case, that is fitted with screw cap vials, and having got tired of the way they treated sliced corks (allow me in this connection to particularly censure the tincture of iodine which would eat up a cork a day and call for more), I hit upon the following expedient: Going out into the cornfield I selected some nice dry stalks, the pith of which would, by a little gentle crowding, just fit the neck of my vials; squaring one end of this, with a sharp knife I dipped it in melted paraffin, allowed it to cool, then inserted it about a third of an inch in the vial. Then I cut the pith off flush with the top of the vial, put a drop or two of paraffin in the cap, reversed the vial and screwed it into the cap. Of course, when once opened the seal is broken, but as a rule you will have use for all of it anyhow, so that don't much matter.

L. THOMPSON CLASON.

Urbana, Ohio.

—:o:—

Another bright idea from a resourceful man. All these little "kinks" are worth reporting. But why, oh why, Doctor, do you still have need of tinctures—except possibly the iodine, etc., for local application?—ED.

Remete found that under thiosinamin urethral strictures softened so that gradual dilation was much easier and cures quicker.

Boix explains cirrhosis of the liver by enterogenous poisoning—intestinal autotoxemia. Some day we'll be discovered.

AMONG THE BOOKS

WHITE AND MARTIN'S GENITO-URINARY SURGERY.

Genito-Urinary Surgery and Venereal Diseases, by Drs. J. William White, and Edward Martin of the University of Pennsylvania. Illustrated with three hundred engravings and fourteen colored plates. Sixth edition. J. B. Lippincott & Company, Philadelphia and London. $6.

The authors of this acceptedly authoritative volume are reliable just because they give the results of their own vast experience, while they are thoroughly acquainted with what is the experience of others on the subjects with which they are dealing here. The book is, for both general practician and specialist, of great value.

BEARD AND ROCKWELL'S SEXUAL NEURASTHENIA.

Sexual Neurasthenia: Its Hygiene, Causes, Symptoms and Treatment, with a chapter on Diet. By the late Dr. Geo. M. Beard; edited with notes and additions by A. D. Rockwell, A. M., M. D. Sixth edition with formulas. New York, E. B. Treat Co., 1905. $2.

This standard book has been known to us older practicians since 1884, and we do not remember any of its subsequent editions that were not cordially accepted by the profession. Beard has immortalized his name by the first elucidation of sexual neurasthenia as a distinct disease, the treatment of which, like that of many other diseases, has undergone changes, of which the editor of the present edition has availed himself. That this book is highly recommendable need hardly to be stated by us or anybody else.

RUHRAH'S DISEASES OF INFANTS AND CHILDREN.

A Manual of Diseases of Infants and Children, by Dr. John Ruhrah, Professor in the College of Physicians and Surgeons, Baltimore. This is a very useful, handy, condensed and comprehensive volume. It is time saving for the studious student, who is always overworked, and for the general practician who often needs to refresh his memory on short notice on one and another topic in his encyclopedic practice.

The material get up of the book, 12-mo., 404 pages, excellently illustrated, flexible leather binding and rounded points, and the paper and printing are in the usual good style of the W. B. Saunders and Company firm, and the price is only $2. It is a very desirable book.

STELWAGON'S DISEASE OF THE SKIN.

The Treatise on Diseases of the Skin, for the use of advanced students and practitioners, by Professor Henry W. Stelwagon of the Jefferson Medical College, etc., etc., has reached again this year a fourth and thoroughly revised edition. We had it honestly in our heart to say of the third edition last year in our

CLINIC for June: "A splendid book," and we repeat it again and are honest in adding that for "An Advanced Student and Practitioner" (adjective referring to both) this book is a treasure, for it contains what is old and new and good in Dermatology. It contains also the latest in photo and radiotherapy. The publishers of the book, W. B. Saunders & Company, have done their usual fine work for this book. Philadelphia, 1905, $6.

RACHFORD'S NEUROTIC DISORDERS OF CHILDHOOD.

Neurotic Disorders of Childhood, including a study of Auto- and Intestinal Intoxication, Chronic Anemia, Fever, Eclampsia, Epilepsy, Migraine, Chorea, Hysteria, Asthma, etc., by B. K. Rachford, M. D., of the Medical College of Ohio. Published by E. B. Treat & Co., New York, 1905. $2.75.

With this volume Dr. Rachford has rendered an invaluable service to the profession, for which every reader of the book, and there ought to be but few who would not be, will join with us in thanking him. He touches upon topics most vital, and yet sadly neglected. We say this more especially of the intestinal intoxications, which as every physician knows, play such an important part in the diseases and disorders of childhood.

SACHS' NERVOUS DISEASES OF CHILDREN.

A Treatise on the Nervous Diseases of Children by B. Sachs, M. D., Alienist and Neurologist to Bellevue Hospital, second revised edition. This is an extensive monograph upon a special subject—Pediatrics. Publishers, William Wood & Co., New York, 1905. $4.00.

The author eschews, in this second edition, the anatomy and physiology of the nervous system, and does not branch off into other diseases of childhood unless they have a direct connection with neurotic disorders. This singleness of aim gave the author, as a neurological specialist, the room he needed for an almost exhaustive monograph, for which students of pediatry, as well as all conscientiously progressive physicians, will be thankful. The book promises to become a standard on this special division of pediatry.

PARK'S BACTERIOLOGY.

Pathogenic Microorganisms, including Bacteria and Protozoa, by W. H. Park, M. D. of Bellevue Hospital Medical College, and Anna W. Williams, M. D. of the Research Laboratory.

An admirable book for the study of bacteriology and allied subjects, covering practically all that science and research have reached at the present time. The subjects are presented in remarkably clear language for the very beginner, and the book will also prove very acceptable to the general practician and health officer. While the authors give existent theories, they do not fail to give how and how far they are accepted in the profession, and how they are to be applied usefully in practice. The book is in its second, enlarged and thoroughly revised edition. While we have larger books on these subjects, we can not but think this volume most useful for the student and practician. Publishers Lea

Boix attributes hepatic cirrhosis to butyric, acetic, lactic and valerianic acids, aceton, aldehyde, and oxalic acid.

Joannovics finds butyric acid cause a chronic poisoning of the liver, but not resembling the lesions of human cirrhosis.

Brothers & Co., New York and Philadelphia, 1905. $3.75.

DAVIS'S "NEUROLOGY."

Neurology, Embracing Neuroophthalmology. The new Science for the Successful Treatment of all Functional Human Ills, by A. P. Davis, M. D., Oph. D., N. D. Publisher, F. L. Rowe, Cincinnati, 1905. $3.00.

The author, a thoroughly educated physician, claims in this book, as the title shows, a great deal for his system of therapy without drugs. He is the author of "Osteopathy Illustrated." We conclude therefore that he is an osteopathist; but that did not deter us from reading his book. The doctor is not a mere asserter, but a thinker, and one of the kind who disdain to think other men's thought, and become system builders themselves. In reading such authors we must keep in mind there is such a thing as a personal equation, and this will prevent our losing patience. There is much good that can be gathered from such men.

VON NOORDEN'S DIABETES.

Diabetes Mellitus, by Prof. Dr. Carl von Noorden. Publishers, E. B. Treat & Co. New York, 1905. $1.50.

This is Part VII of Von Noorden's Treatise on the Pathology and Therapy of the Disorders of Metabolism and Nutrition. Our readers who have read our reviews of the preceding volumes will know by this time the eniment value of the author's labors in this field of his successful choice. The lucidity of this treatise on the Pathological Chemistry and Treatment of Diabetes Mellitus is admirable. His statements of past and present theories regarding this much studied and yet not fully known disease, are an invaluable service to the profession.

ZAHORSKY'S BABY INCUBATORS.

Baby Incubators. A clinical study of the premature infant with special reference to Incubator Institutions conducted for show purposes (at the Louisiana Purchase Exposition) by John Zahorsky, A. B., M. D. Published by The Courier of Medicine Co., St. Louis, Mo. 1905. $1.00.

This is a valuable monograph, one to be thankful for. It can be read with interest and profit by any physician.

BUSCH'S PHYSIOLOGY.

Laboratory Manual of Physiology by F. C. Busch, B. L., M. D., of the University of Buffalo. Publishers, William Wood & Co. New York. 1905. $1.25.

This book will be a great help for the student who, among his other pressing studies, is unwilling to forget the ocular teaching he receives in experimental physiology. Of course the book is best adapted to Dr. Busch's lectures and demonstrations, but any other demonstrating teacher of physiology may accommodate his teaching to this book for his own and his pupils' benefit.

WHARTON'S MINOR SURGERY.

Minor and Operative Surgery, including Bandaging, by H. R. Wharton, M. D., Professor in the Woman's Medi-

Lecithin renders animals immune toward sublimate; the leucocytes take up enormous doses of lecithin becoming very active.

Becker says artificial hyperleucocytosis by nuclein one of the most powerful and wide-reaching of life-saving measures.—*Ther. Gaz.*

cal College of Pennsylvania. Sixth edition, enlarged and thoroughly revised. Lea Brothers & Co. $3.00.

An excellent and quite sufficient book for the recent graduate who does not intend to make surgery his exclusive specialty. The general practician more often invades the surgeon's field than he his field, and thorough preparation for the invasion is but the part of common-sense. Yet it is not the large book always that well prepares, but often it is the short, pithy, and comprehensive book that does. This book is of that kind.

HUTCHINSON'S AND RAINY'S CLINICAL METHODS.

Clinical Methods. A guide to the practical study of medicine, by Drs. R. Hutchinson of the London Hospital, and H. Rainy of St. Andrew's University. Ninth Edition. Seventeenth Thousand. Publishers, W. T. Keener & Co., Chicago. 1905. $1.75.

This book of 621 pages, 4x6 inches, well illustrated, is an excellent *vade mecum* for any physician either of long ago, or recent graduation. The field it covers is extensive, but the book leaves nothing in medicine untouched, and he who refers to it will find what the profession accepts at the present time.

LE FEVRE'S PHYSICAL DIAGNOSIS.

Physical Diagnosis, Including Diseases of the Thoracic and Abdominal Organs. A Manual for Students and Physicians, by E. Le Fevre, M. D., of Bellevue Medical College, etc. Second thoroughly revised edition. Publishers, Lea Bros. & Co., Philadelphia and New York, 1905. $2.25.

The book is well illustrated and in the comparatively small compass of 462 pages of about 5x8 inches, not closely printed, contains all that is necessary to know in Medical Diagnosis in order to judge intelligently of the ailment that befalls any organ of the body. Of course it is up to date, and very recommendable.

SOME GOOD COMPENDS.

The Medical Epitome series by Lea Bros. & Co., has now "Diseases of the Eye and Ear," by Dr. A. N. Alling and O. A. Griffin. $1.00.

Saunders' Question Compends have now issued, Essentials of Materia Medica and Therapeutics, by Dr. H. Morris, seventh edition, thoroughly revised and adapted to the 1905 U. S. Pharmacopeia, by Dr. W. A. Bastedo. 1905. $1.00.

Anatomy in Abstract, by Dr. S. L. McCurdy of West Pennsylvania Medical College, is a vest-pocket book most handy and useful for both student and physician to aid in refreshing the memory in anatomy when something is wanting there. Brief, comprehensive, and admirably grouped. Publishers: Medical Abstract Publishing Co., Pittsburg, Pa. 1905. $1.00.

A Compend of Medical Chemistry, Inorganic and Organic, including Urinary Analyses, by Dr. H. Leffman, fifth revised edition, is one of Blakiston's Quiz-Compends. In spite of all there is said against this class of helps in acquiring knowledge and against the qualifying word, "medical" here, we regard this volume as well in its place, and the criticism as a purism.

Nuclein must be used hypodermically, being decomposed by the gastric juice. Write and tell us if this is your experience.

Though a little saline laxative and a few anticonstipation granules are used, 1,000 tons of cascara left Tacoma this year.

CONDENSED QUERIES ANSWERED

PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

ANSWERS TO QUERIES.

ANSWER TO QUERY 4887:—Seeing an inquiry in the December issue for the formula of the glycerinized paste, I enclose the following, clipped from the *Medical World*, which obtained its information from the new dispensatory: Kaolin, in very fine powder, 577 grs.; boric acid, in very fine powder, 45 grs.; thymol, 0.5 grs.; methyl salicylate, 2.0 grs.; oil peppermint, 0.5.; glycerin, 375 grs. Heat the kaolin in a suitable vessel to 212° F., with occasional stirring for one hour, mix it intimately with the boric acid and then incorporate the mixture thoroughly with the glycerin; finally add the thymol which has been dissolved in the methyl salicylate and the oil of peppermint and make a homogenous mass. Keep in an air-tight container.

J. E. THOMPSON, Bristolville, Ohio.

REPORT ON QUERY: "Rheumatism." I followed your advice and gave calcalith. It would do you good to see the soreness and swelling disappear from day to day. The patient has had the treatment only two weeks, and is far from well; but the case looks very encouraging now.

E. S. W., Michigan.

We are surprised. We have seen case after case yield to this remedy—with proper eliminative and antiseptic adjuvants—and are sure it will prove effective in most cases. Consider the cause of rheumatism and the action of calcium carbonate, and the effects obtained from the latter will be seen to be a natural sequence. Don't forget salithia with it. And the sulphocarbolates.—ED.

QUERIES

QUERY 4925:—"Age Three; weight 24 lbs." "Cirrhosis of Liver?" Some eight weeks ago, or more, I wrote you of my granddaughter who was having peculiar attacks that made me fear epilepsy. Your suggestion was acted on and the attacks have ceased. She has gone home to Denver and is well. Now, this same baby is as bright as a diamond and real strong, but she only weighs 24 lbs.; she will be three years old in October next. Is this a good case for nuclein?

Then I have another case I want help in. Patient is seventy years old, carpenter—stairbuilder. About three weeks ago "stomach went back on him," appetite failed and he began to get yellow. One week ago he vomited every time he took water, even. He is very yellow all over, but has never had any pain, no headache. His bowels do not move only as injections are given him, and then only the solution thrown in. Liver is not enlarged to any extent, but is somewhat solid, but does not hurt him to rub or manipulate it. In fact, there is no sore spot that I can find. His pulse is 66 and his temperature is 97 1-7° F. I saw him first two days ago. I am feeding cautiously with broths and he is retaining it and seems better this morning. I put him on chionia (he does not want to take minerals) yesterday morning and he has taken it right along.

His grandfather and his father, and I think some other member of the fam-

ily had cancer. If a large gallstone was blocking up the gall-duct without getting into the lumen, would there be pain? If such is the case, would sodium succinate or anything else dissolve it or would operation be the only alternative?

J. M. T., Iowa.

Glad to hear your grandaughter is better—or well. Give her calcium lactophos., nuclein and a good blood preparation with small doses of brucine. Diet with care.

That man is in a precarious condition and it is hard for us to tell just what you should do without fuller information. This does not look like "gallstones" but hepatic activity is *nil*. Give him, to re-establish function, small doses of calomel or blue mass and add to each dose leptandrin gr. 1-6 and podophyllin gr. 1-67. After six doses follow with a full dose of sodium phosphate and then give a saline daily. Repeat the calomel, etc., on the second day. Sodium salicylate and ammon. chlor. will give good results if there is catarrh of ducts. Euonymin one, hydrastin one, and bilein one every four hours might also be tried. Give high enemas daily. The history should guide you: this may be the end of a long course of hepatic disease. How about the urine? Is there formication? Are conjunctivæ stained —and tongue? If you "get things going" the right way, push chionanthin hard and give acids freely.—Ed.

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Query 4926:—"Enuresis Nocturna." "Eczema." 1. Boy, age 11, active and otherwise apparently healthy. Has had since infancy, a persistent case of nocturnal enuresis. Seldom misses a night and seems to pass a copious amount. He came to my hands after unsuccessful treatment by at least four other physicians. Two of my prescriptions were unavailing, so I circumcised him, finding a mild degree of phimosis with very long prepuce. In the next ten days he wet the bed but once, but now that healing is complete, the trouble has returned. The urine is normal in appearance and reaction. Have used catheters, cantharis, equisetum and atropine.

2. Facial eczema; woman of 45, of four or five years' standing. Appeared as red spot on left cheek. Becomes red and papular at times, itches and burns. Palpation shows feeling of small shot under the skin. Appears to improve and then relapses, but with no well-marked periodicity. Patient still menstruates. Married fourteen years, but no children. Eliminative functions apparently normal. Has tried all sorts of treatment with no success. X-ray treatment aggravated, perhaps due to unskilful application. Suggestions will be appreciated.

A. H. N., Michigan.

As the boy did not wet the bed while the prepuce was healing, it seems that counterirritation avails: are you sure that the frenum does not need dividing, or did you divide it at operation? Try (if there are no reflex causes) this ℞: Rhus tox., one; atropine valerianate, gr. 1-1000; sp. tr. thuja, gtt. 3 to 5 every four hours. One hour before going to bed you may give scutellarin three, cypripedin two, if the child is of a nervous temperament. This formula has cured nine cases out of ten for the writer. In old cases it is necessary to add cantharidin, gr. 1-1000 to every other dose—always to the last one. There are cases in which ergotin and strychnine (one granule each) morning, noon and night, stop the trouble in a few days. There are also cases which benefit by iron arsenate; these are usually strumous and generally

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A great error in therapeutics, the use of vasodilators in later stages of circulatory disease; they do no good.—Bishop, *Med. Record.*

Another error in heart disease is in overestimating the importance of the usual kidney applications.—Bishop, *Med Record.*

relaxed specimens. The urine should be examined as diabetes may exist; hyperacidity or other abnormality of the urine may need correction. Think, too, of lumbricoides. Kava-kava and eupatorin have both undoubtedly cured cases of obscure origin, where there was general weakness and "nervous" disposition. The thing is to treat the *patient—not* the enuresis.

That case of eczema will yield to this treatment we think: calomel and iridin gr. 1-6 hourly for four doses every other night for one week and saline next morning. Rest a week and repeat. Between meals alnuin two, xanthoxylin two, chimaphilin two. Give other hepatic stimulants and digestive tonics when indicated. Bathe the part (if skin is not broken to a great extent) with this lotion—carbolic acid dr. 2; glycerin oz. 1, lotio nigra pint 1. Dust with dolomol ichthyol. In nearly all cases this ointment will *cure*: ichthyol dr. 1, resorcin dr. 1, simple cerate to oz. 2. If scales form, wash with tr. green soap. Since above was penned the extreme efficacy of carbenzol has been proven. Try it, Doctor. It beats ichthyol even.—Ed.

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Query 4927:—"Nuclein and Calcium Iodized." Can nuclein and calx iodata be made into a solution to give at the same time?

C. L. L., Missouri.

These two remedies could be combined in a solution, but we prefer to give the nuclein alone and allow it to be absorbed from the buccal mucosa. You would always get better results from the nuclein administered in this way. Do not allow solutions of calcium iodized to remain long in bottle; make fresh at least daily. Remember, Doctor, that calx iodata is a remedy to be used constantly (every hour or two); nuclein seldom is given more often than *three* times a day—*usually* twice.—Ed.

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Query 4928:—"Torticollis." A girl, aged 20, has three times had an intensely painful stiff neck, drawing her chin to the sternum. Her family is rheumatic, but remedies for this do not touch the case; nor do liniments or electricity. The tenderness extends on both sides over the scapulæ and over the mastoids.

L. H. J., Pennsylvania.

The spasm of the sterno-cleido-mastoids may be myalgic, or dependent on disease of some underlying tissues, to be ascertained by examination. If the former, you will get relief from ammonium chloride, a scruple every eight hours for six doses; or from gelsemine pushed to eye-droop. Macrotin is a good remedy here in the absence of plainer indications.

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Query 4929:—"Nuclein." Is nuclein as well given in tablet form as in solution? Does it deteriorate in the tablet? Some time ago I gave a dose hypodermically and high fever followed. I have not thus administered it since.

E. S. W., Michigan.

There is no difference between nuclein in solution and in tablets. It does not deteriorate in either form. The fever could not have been directly due to the nuclein, since it has been thus administered many thousands of times without fever following. But some patients will have fever after a pinstick. There is some question as to nuclein acting through the stomach, some holding that the gastric juice digests nuclein.

Another error in advanced heart disease is underestimating the general sluggishness and need of increased dosage.—Bishop, *Med. Rec.*

Rheumatism, like other things, covers a multitude of things; not the least of these is the ill-assorted group of the neuritides.

The acid gastric juice is only present in the stomach during acid digestion, and if nuclein is given before meals or three hours after them, it is safe. We often drop it on the tongue to have it absorbed from the mouth. If you use it by hypo you are sure.—Ed.

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Query 4930:—"Quincke's Disease." Man, twenty-four, works in iron foundry. A month ago he came to me with a hard, indurated swelling a little to the right of the median line over the frontal region. He is in perfect health and of good habits. Kidneys and bowels regular. The condition came on suddenly, inside of an hour, commencing with burning, pain and itching. The swelling was so great as to cause almost complete ptosis of the right eye and considerable edema of the right temple and over the cheek-bone. I gave him calomel, followed by salines and strychnine arsenate; locally, I gave him an ointment made from the green echinacea and hot applications. In a few days it was well. Yesterday it returned as badly as ever, and I found a raw, inflamed mucous membrane in the right nostril, for which I gave him a hot saline wash and alboline with thymol, eucalyptol, sodium biborate and chloride. What is it?

H. J., Pennsylvania.

It strikes us very forcibly that there is an infective process here, the primary site being the denuded and inflamed area in the nostril. It is possible that this is a variety of urticaria, known as Quincke's disease, an acute circumscribed edema "often affecting the orbital tissue." In all these forms itching is usually absent, but there may be smarting or burning. The exact cause is not known, but is undoubtedly toxic. In most cases there is constitutional taint and a course of eliminants and tonic-alteratives is speedily effective. Most reports on this malady show it to be accompanied by defective renal elimination or by gastrointestinal disease with autointoxication. The clean out and disinfect principle is applicable. There is enough similarity to herpes zoster to make it wise to try zinc phosphide gr. 1-6 four times a day. Wet salt has proved a useful local remedy. A full dose of pilocarpine hypo has done well. Collect and examine urine for total solids, and if defective give boldine and caffeine valerianate enough to do the work. Podophyllotoxin at bedtime, gr. 1-12, followed by saline in the morning, would be a good beginning.—Ed.

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Query 4931:—"Hip-disease." Would the x-ray show an early involvement (in the very beginning, say some two or three months' duration or shorter) of tubercular hip joint disease, in a child some four or five months old? Could a diagnosis be made by the x-ray? I have a case that has the other symptoms, but the x-ray shows negative.

S. D. S., Minnesota.

It is impossible to make a diagnosis of tubercular hip-joint disease with the x-ray in a patient so young, for the principal reason that in a patient of this age the joint would be somewhat separated, and although normal for the child would be just such appearance as would indicate tubercular lesion in an older patient.—Ed.

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Query 4932:—"Spider Bite." Man, aged 18, sat down to breakfast perfectly well; at 8 a. m. he began to feel weak, the left arm and forearm especially: fingers numb, with pain in the forehead and under each eye. Three little sore spots appeared on the forehead. He

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There is so much rubbish to be found in even our largest and most highly revered works on dietetics.—Jelliffe, *Merck's Archives.*

Any subterfuge is justifiable that delays chronic neurotics or neuralgics learning the power of opium.—Jelliffe, *Merck's Arch.*

grew worse until 9 a. m., and then became a little better, but had a similar attack at 10 a. m., after which he improved, being almost well by night.

F. P., California.

The physician who sent us this query diagnose the case as the bite of a spider. We are not personally familiar with the California spider and the results of his pernicious activity, hence very gladly shield our ignorance of the matter by accepting the diagnosis of our better-informed colleague. We would like to know, however, whether the new remedy for venoms of every description, echinacea, was tried in this case, or whether the doctor resorted to the panacea of our boyhood—black mud.—Ed.

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Query 4933:—"Abdominal Pain." Man, age 46, carpenter, of a consumptive family, but with no symptom of tuberculosis, has for fourteen years suffered with a dull, steady pain at first in the epigastrium and chest, but for the last six years from side to side across the umbilicus. Only when sitting it may affect the epigastrium. Patient is of apparent good habits, sober, no user of coffee or tobacco. The pain is constant, dull, and unaffected by weather, meals or work. No particular sensitiveness to deep palpation. Urine normal, heart normal. There may be dyspepsia and a tendency to insomnia. For two or three days a month he may have a bad headache. I can find no indication of liver trouble of any kind.

I shall be delighted to have you give me your diagnosis with suggestion of treatment.

L. P. S., Minnesota.

The length of time cuts out cancer. There may be such long-continued pain from a gallstone, possibly from a foreign body, more likely from a myalgic muscle. Apply faradism and see if contraction of any muscle arouses acuter pain. Neither appendicitis, aneurism, caries of the spine, ulcer, abscess, tumor of any sort we now recall, impacted fecal masses, hernia, displacement of any organ, would stand still for this period—unless the last-named. Myalgia due to straining some muscle during his work seems the most likely guess.—Ed.

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Query 4934:—"Acidity." Woman, age forty-four; just passed menopause. She seems in good health in every way except her stomach. Everything she eats or drinks immediately "sours on her stomach" with intense burning. The only thing she has eaten with any satisfaction for four months is bread, sweet milk and grape nuts. No sickness at stomach, no vomiting, no spitting up of food, no tenderness to amount to anything. Bowels costive, tongue moderately clean, some white fur. Treatment: calomel in small, repeated doses followed by saline, hydrochloric acid, nitromuriatic acid, bicarbonate of potassium before eating and bicarbonate of soda after; carbonate of magnesium, bismuth and pepsin, strychnine, nux vomica (tincture); in fact, everything that I myself and four other M. D.'s could suggest, all to no purpose. She can eat no fruits of any kind, anything that has any acid about it will sour in one minute.

Now, Doctor, consider this case and write me, making any suggestions as to how we will get rid of this acid.

J. C. W., West Virginia.

Acidity is by no means a simple and easily-remedied affection. If it be due to constipation this must be remedied; if to eating too much or too strong food, the cure demands a change of the habits not easy to secure. To relieve acidity at once there are two effective remedies at our disposal—calx iodata two grains

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Crede has given us a reliable weapon against septic processes by introducing soluble metallic silver in therapy.—Bjorkmann.

The heart is nourished during diastole; prolong this even a little and we gain considerable in the 24 hours.—Lambert.

in hot water; and a compound manganese tablet containing also cerium oxalate, bismuth salicylate, sodium carbonate, one of those unscientific shotgun things that does the work so well that we have to use it till the science of therapeutics has progressed far enough for us to select the one remedy for each case. To cure the disease, restrict the diet closely; give a pint of hot water with 20 grains sodium bicarbonate an hour before each meal, and half an hour later, when the stomach surface is clean and the mucus dissolved and absorbed, half a grain of silver oxide to medicate this surface. Just before eating give a grain of papayotin to better start digestion, and a grain of juglandin to stimulate the secretion of normal digestive fluids. After a week you must drop the silver and substitute the oxide of zinc, one-grain doses—silver produces argyria in time. As to the diet, at first use soused meats as they are so quickly digested; also raw beef, eggs and oysters. Later the cured meats do well because they lie long in the stomach without digestion—and decomposition does not occur. The digestion is weak here because it is not hydrochloric acid that is present but decomposition products — lactic, oxalic, butyric, etc. Finally, take the case for not less than six months; else she will quit as soon as better and never get well. —Ed.

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Query 4935:—"Acute Gastric Pain." I would like a line from you regarding my wife: Nine days ago, after eating a very simple meal she was taken suddenly with most intense pain in the stomach, which nothing would relieve until I gave half a grain of morphine hypodermically, and even then was compelled to let her inhale chloroform until she got the effect of the morphine. She has suffered a few atacks during her life of indigestion (possibly three), and there was quite persistent pain for a few hours. Her age is fifty-two and she still menstruates regularly, though with no disturbance for past three months. Have had her on a restricted diet, i. e., malted milk, using a cup of hot water and copper arsenite in 1-200 gr. doses before the milk. The stomach continues bad (i e., sore) and refuses to take care of even the malted milk. Am seven miles from any other doctor and the only one whom would like to talk with is in the West on a vacation. So I appeal to you to help me out.

W. H. M., Indiana.

These "acute indigestions" are generally due to gallstones; in which case there should be traces at least of bile demonstrable in the urine. Sometimes such attacks are due to the development of a large quantity of acid in the stomach, and subside when a teaspoonful of soda is given in a glass of hot water. At others there is an overloaded stomach that is best quieted by a grain of emetine in warm water; or a seidlitz powder given in alternation. If distinctly spasmodic the attack may be promptly stopped by one of the chlorodyne granules (morphine, cannabis, hyoscyamine, capsicin, menthol and glonoin), or the powerful antispasmodic combination of glonoin, hyoscyamine and strychnine arsenate. Either may be given repeatedly till the dry mouth indicates full hyoscyamine effect; if relief has not then ensued, finish with a few whiffs of chloroform, or 30 drops by the stomach. All carminatives relieve gastric cramps—none better than menthol, a tablet every two minutes. The stomach should then be examined and

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To quiet rheumatic heart, sparteine, gr. 1-2, and opium 1-4 has proved my best combination; digitalis unsafe.—Lambert.

Keep rheumatics in bed till the temperature reaches normal; its continuance betokens inflammation somewhere.—Lambert.

treated—how, depends on the condition found.—Ed.

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Query 4936:—"Arteriosclerosis." Can you recommend me a treatment for arteriosclerosis that will not cost over fifty cents?

H. P. T., Virginia.

Arteriosclerosis is a condition which calls for prolonged treatment usually extending over months or even years. For us to recommend any remedy which would be beneficial (and at the same time not exceed fifty cents in cost) would be impossible. If you will describe the case you have to deal with, giving the age, physical condition, etc., we will outline a course of treatment which will, we hope, prove beneficial. Pay especial attention to the heart sounds and action; if there is hypertrophy, so state; if valvular disease, let us know it; functional conditions are also of importance, renal and intestinal elimination, action of skin, digestion, habits, etc.—Ed.

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Query 4937:—"Aphrodisiacs." I want the very best aphrodisiac you can suggest. Patients will pay anything for a reliable one. I have tried tincture of phosphorus, damiana, nux vomica, etc., in fact, everything I thought would help, and nothing has given the desired results. I have used sounds, irrigators, tonics, etc. You know! I want what will make all men except dead ones 'feel.'

F. B., Mississippi.

We have different ideas as regards aphrodisiacs seemingly. To take men as a whole and administer to Jack, Tom and Harry a combination of drugs (or a single drug) with the idea of stimulating both the sexual desire and the sexual capacity is absurd! In the first place men are not equal in their physical forces. One man has an intense sexual nature and a very poor corporal capacity. To make his body work according to his mental activity would kill him in three months. Another man has drawn upon the sexual bank from the very first deposit at the rate of two dollars for every ten cents deposited; as a result he finds himself bankrupt at thirty, forty or forty-five and, with all the drugs in the world, we cannot possibly make him sexually solvent. We can, of course, stimulate the sexual centers (causing irritation and excitement temporarily) but the last state of that man will be infinitely worse than the first; in three months he will have used up his remaining virility and be totally impotent for the rest of his life! You would not realize, unless you were constantly here, the immense amount of correspondence we have on this subject and you cannot even imagine the amount of research work we have done along this line. After a fair and exhaustive trial of all the alleged "aphrodisiacs" we have come to the conclusion that nine out of ten of them are totally inert and the rest injurious when active at all—that is, as "aphrodisiacs" pure and simple. If you deem it right to improve a man's sexual capacity you must study the man and find out where the weakness lies; perhaps the case is psychologic and a few words of advice and suggestion will do a great deal. Perhaps there is debility and this is usually the case. Now, build your man up generally and the sexual function will improve as the man improves. If, however, there is disease or *true* sexual exhaustion very little can be done for that

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Giving strophanthus and digitalis we get double action on the heart and single on the arteries, minimum vascular tension.—Lambert.

Small doses long continued are vastly better than overwhelming doses for short periods, for the heart.—Lambert, *Merck's Arch.*

individual, and such capacity as may remain must be conserved and used as one would use water in a desert—not squandered under "*stimulative*" impulses.

Let us point out the necessity for examining each case and locating the main difficulty. Tying the dorsal vein, relieving a hypersensitive posterior urethra, etc., etc., will often prove of more real benefit than all the aphrodisiacs on the face of the earth.

The moral question comes first. Ought the man to have his sexual vigor increased? The doctor who aids in enabling worn-out roues to continue their debaucheries or old men to exhaust their remaining vitality and shorten their lives degrades his profession. But if the demand be legitimate, study the case; distinguish between sterility and impotence; between failure of desire, of erectile power, and of secretion; whether the difficulty lies in the psychic or the somatic domain; whether it is temporary and removable or permanent and irremediable; and then first we may consider our resources. The man who treats such cases by a single drug or prescription will make a few hits and a great many misses. If you are going to treat these cases, get the best works on the subject and prepare to do it right.—Ed.

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Query 4938:—"Bowel Obstructed by Salol." I have on hand a case of enteritis, complicating pertussis. The patient (age three years) became very tympanitic, which alarmed the parents. Consultation was called, and the other doctor prescribed salol, gr. v, every three hours; later the patient passed the specimen which I send you. I prefer the sulphocarbolates to salol. I judge from results that there is a possibility of producing obstruction by giving salol. Please analyze and report to me what it is. I believe it is salol, impacted in the bowel.

W. D. E., Pennsylvania.

The specimen was found to consist of salol almost entirely. This is one of our objections to salol, which is otherwise a popular and effective intestinal antiseptic. Another objection is that salol if administered in large doses will give rise to hemoglobinuria, breaking up the blood cells. When intestinal atony is marked and absorption at the minimum, salol may easily become impacted in the bowel. These disadvantages outweigh the pleasanter taste of salol as compared with the sulphocarbolates, which are unapproachable on the score of efficiency and safety. —Ed.

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Query 4939:—"Caries of Cervical Vertebræ." W. C., eighteen months old, family history negative except tuberculosis in uncle (who lived in same house some time with baby). After the age of six months baby has always been sickly, has had frequent attacks of cold (bronchitis), intestinal troubles and stomach indigestion; "bottle fed."

Present trouble began while I was in Chicago and baby was under the care of another doctor. The family say the baby was taken ill with pain in back, would wake up every hour or two and cry with pain for an hour or two, had a temperature of 102, and evidence of bronchitis and coryza.

Present condition: Baby carries head forward with chin towards sternum, muscular spasm of neck prevents rotation of head, walks with careful, stooped position, with shoulders up, will stand with head against bed, or likes to lean with head resting on shoulder of mother. His favorite position is lying with breast across shoulder of mother. Falling on

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In general we must regulate the patient's exertions — the patient's environment—more than nag the heart with drugs.—Lambert.

Small doses of KI seem to sometimes delay the progress of arteriosclerosis.—Lambert. Not in it with arsenic iodide.—Ed.

buttocks or sitting down sharply causes great pain. Has almost no use of right shoulder and but little use of right elbow and hand. There is no sharp deformity of vertebra, but the spasm of muscles of neck and the forward position of head are marked.

I have diagnosed this as spinal caries of the 4th, 5th or 6th cervical vertebra. There is some tenderness over this region, also pain on attempting to forcibly rotate head.

Treatment consists of hygiene and careful feeding, with cod-liver oil, rest in bed as much as possible.

The baby's condition is better, but the paralysis continues and there seems to be a slight elasticity of right arm. Have ordered a Sayer's jury mast to be worn with cast. Now, what more can I do? What prognosis shall I give the parents? The baby is well nourished but very peevish. Trouble began six weeks ago.

F. A. L., Montana.

We fear that you are correct in your diagnosis; the peculiar appearance of torticollis being practically diagnostic. Usually larger children will not walk or stand if they can help it, and cry when pressure is made over spinous processes of the diseased vertebræ. Any disturbance of deglutition? Kyphosis develops in these cases very gradually and the lateral curvature may also be tardy in making its appearance. Does this child start from sleep with a cry, or show signs of "girdle pain" and distress in penis? Of couse *rheumatic arthritis* of the articulations of vertebraæ has to be excluded: Sheffield says: "In this disease the pain sets in suddenly with fever (note this), is generally unilateral, leads to sloping of the body and finally is located at the level of the articular processes, but not in the spinous processes." If a child with spondylitis be placed upon his abdomen, its legs grasped with one hand and gently elevated, the whole body rises. If the same manipulation is carried out in rachitis the trunk remains stationary, while the pelvis ascends. The prognosis is not good. You must attend to hygiene, exhibit tonics (iron arsenate, calcium lactophosphate, a good cod-liver oil, brucine, nuclein, etc.). See that lime-bearing foods are given and look carefully to digestion, elimination, circulation, etc. Suspension (Sayer's jacket) is of benefit often. Phelps' extension bed is also to be recommended. After several weeks a supporting corset may be substituted. Metastatic abscesses will usually disappear with improvement: if they do not, puncture and inject 30 grams of iodoform-glycerin solution (1 to 15).—Ed.

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Query 4940: — "Chronic Abscess: Asthma Autotoxemia." I have a case of a female who has "been the rounds of the doctors" and last fall fell to my lot to treat. She is 50 years old, mother of several children, suffers from some pulmonary trouble (abscess, I think), and has spells of "asthma" at times, with extreme nervousness, losing a good deal of sleep from it. She is now bedridden, weak, very thin, circulation bad. Her bowels are constipated and appetite bad. It looks like one of those complicated cases which we often meet in the opposite sex. Several doctors have pronounced her case one of tuberculosis, but have never benefited her. I am inclined to think she has a chronic abscess of the lungs. I put her on nuclein and the arsenates, with hyoscyamine for nervousness and she improved wonderfully, got so she could attend in a way to her domestic duties, when last September she left off treatment and has relapsed into her former condition. Now, Doctor, with this

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By reducing excessive vascular pressure we relieve heart strain and renal incompetence; glonoin, aconite.—Lambert.

At any age an intermittent or irregular heart is amenable to treatment and may be cured; rarely dilatation after midlife.—Balfour.

A Foolish Prejudice

causes many physicians to discontinue cod-liver oil during hot weather. Dr. Austin Flint says: "The weather should have no influence on its continuance provided it be well tolerated and digested" (*Pepper's System, Vol. III, p. 434*).

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had some good results from them. I have had poor success in croup with calcidin. Why is it?

J. I. L., Oklahoma.

We regret deeply to hear of your failure with calx iodata in croup. May we earnestly, and with all due respect, urge you to look over your *technique* in this case and carefully reconsider the diagnosis? Were calcidin not so uniformly accepted as the remedy *par excellence* in croup, we should not make a request of this kind; but when we tell you that thousands of physicians write us that they are curing practically every case of croup, and when we find among them the most conservative men in the profession we know that our own experience and that of our immediate associates is not a peculiar one. Calx iodata will not cure diphtheria; it will not cure laryngismus stridulus (though it is a very useful adjunct in the treatment of this disease) but it *will* cure—or very promptly alleviate—the symptoms of croup. We would urge you to carefully peruse the literature upon this preparation. Reconsider all the circumstances connected with your cases; and then, in the light of the experience of thousands of others, try again (being sure that the "calcium iodized" you are using is true and active), giving it in full dosage, at frequent intervals, in the manner suggested, together with such adjuvants as may be necessary in the particular case under treatment. Do not forget this point: While calx iodata is the one great remedial agent in croup, other remedies may be called for. A prompt emetic, intubation or even a tracheotomy may be imperatively demanded in cases which are seen late. Always, too, remember the potency of steam inhalations and moist heat applied locally. Finally, do not rely upon calx iodata in cases purely diphtheritic, where calx sulphurata to hurried saturation is the remedy.—Ed.

Query 4943:—"Dermatitis." A girl of five, four weeks ago had a croupy cough for which I prescribed calcidin gr. 1-3, every hour or two; was cured nicely with it, but about one week ago an acute skin disease developed over the whole body from head to foot, the skin raised and could be peeled off, mostly from hands and feet. From the hands it has been cut off two times already. The whole skin of the body is very dry. Her face is bloated, cannot close the eyes as the eyelids seem too small, and will not cover the ball of the eye. Her appetite is good, bowels regular, but her urine smells very strong at times and is scanty. She is a great lover of meats, which I have forbidden to a certain extent. I put her on calcium sulphide gr. 1-6 from four to six times a day, and apocynum two drops four times a day. I anoint the body with some bland ointment simply to keep the skin softer. A year ago she was troubled the same way but not so bad, also after giving calcidin for croupy cough. Could calcidin produce such an affection? I was thinking that the whole fault was with the kidneys. Am I right? I wanted to put her on pilocarpine nitr. gr. 1-67 about two or three a day for the dryness. Would it be advisable?

C. B., Wisconsin.

One of the Clinic staff explains the symptoms as an acute autointoxication due to excessive meat-eating and lack of elimination. The writer, however, sees in it one of those rare cases of iodism that sometimes come up, where the patient will react injuriously to doses that

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Acute Insanity: In the excited cases hyoscine hydrobromide is of great value; powerful; use with caution.—Brower, *Merck's Arch.*

Insanity is a profound error in general metabolism which may sometimes be overcome by alteratives.—Brower, *Merck's Arch.*

999 other persons can take with impunity. In this case the reason probably lies in the deficiency of renal elimination, by which the drug is retained in the blood and circulates over and over till toxic effects are produced. The fact that similar symptoms twice followed the use of calx iodata is significant; and the trouble may be a Godsend in directing the attention to a serious renal defect that might have otherwise gone unsuspected. Collect the urine for twenty-four hours and examine it; repeat this weekly for a month; and let us know what light has been thereby shed on the case. Relieve the kidneys by keeping the bowels soluble with sodium sulphate or phosphate; act on the skin mildly with an evening dose of pilocarpine — just enough; and flush the kidneys by throwing into the colon half a pint of warm decinormal saline solution and leaving it there. Don't apply to the skin anything that will interfere with elimination, but free the pores by warm baths and rubbing, repeated daily. Restrict the diet closely as to meat, give plenty of fruit and carbohydrates, and buttermilk as an efficient non-stimulating diuretic.—Ed.

Query 4944:—"Dysmenorrhea." Will you kindly give me a helping hand in a case of dysmenorrhea? The woman is twenty years old and has been a sufferer for three years. She began menstruating at the age of thirteen years, was always regular up to the time of her marriage, which was three years ago, her periods coming now every two or three weeks. She suffers intense pain for the first day, almost going into convulsions with cramping, which she says begins in epigastrium and goes downward. The second day she suffers from severe vomiting and says she notices a little blood in the vomit. She has no fever at this time; bowels are regular, frequent desire to urinate, and urine looks milky; flow is scanty, no clots, sometimes the only discharge is mucous streaked with blood, last time it was blood and lasted four or five days. She was never pregnant. Any help you will give me will be duly appreciated.

R. L. H., Arkansas.

Endometritis is almost surely present, demanding local swabbing with thymol iodide in petrolatum. During the intermenstrual periods subdue the abnormal irritability by giving viburnin for the uterus and cypripedin for the general condition, three granules of each three times a day before meals. Keep the bowels regular with salines, never giving irritants. Two days before the expected menstruation begin with your remedy. If she is anemic and the flow weakens her, give the Buckley formula—which contains hyoscyamine and this tends to check the flow—it fits five-sixths of all cases. If she is plethoric and ought to lose all the blood that appears, give anemonin, cicutine hydrochloride and gelseminine, a granule of each, every four hours; oftener if the pains set in hard. Keep her in bed and warm till the period of stress is past. Two or three periods thus managed, and she will be free—and very possibly pregnant, for there is often a concealed abortion in these dysmenorrheas that occur after marriage—I do not mean a criminal abortion, but an unconscious one.—Ed.

Query 4945:—"Dysmenorrhea." A young woman, aged twenty, married two years, no children. Free from menstrual trouble until four months after marriage, though had been regular and all right five years before marriage. Weight

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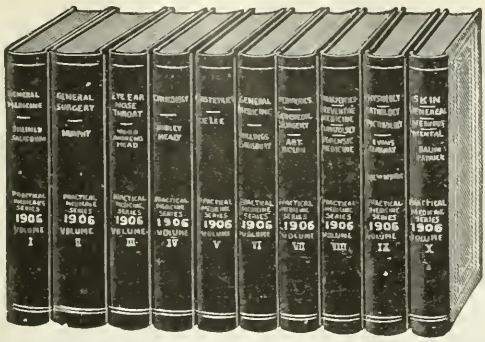
The best of all alteratives is the chloride of gold and sodium; rub up dry with guaiac resin and give before meals.—Brower.

Yellow Fever: Eliminate by skin, bowels, kidneys; absolute starvation, 3 to 5 days except drinking water.—Sexton, *J. A. M. A.*



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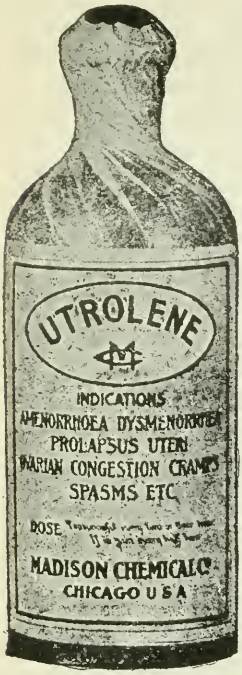

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prior to marriage, 115 lbs. weight since, 103 lbs. Now suffers a great deal for first twenty-four hours of menstrual period, though freer than for next three days, when she does not suffer. The discharge for first twenty-four hours is normal in color but viscid and inclined to be ropy or pass in strings. Also frequent desire to urinate during the period and at other times for periods of a day or two at a time. No pain or special indication of uterine trouble after first day of period until first day of next period. This patient, I may add, is very anxious for children. Will you kindly give me your advice in this case and prescribe.

J. J. A., Virginia.

The possibility of gonorrheal infection from an old forgotten but uncured clap of the husband's must be recollected in these cases. Otherwise the treatment may be arranged on the lines as described in another case among this month's queries.—Ed.

—

Query 4946:—"Ergotin Hypodermically." I want to know whether I can use ergotin granules hypodermically. If so, how shall I prepare them? Dr. Nagel says 40 minims—I may have known how to make a tablet into a minim solution, but if so I have forgotten the proportions. Will you help me out? Another thing, I want to make a solution of permanganate potash, 1 to 240 in water. I have one and two grain tablets.

I am having great success with the alkaloids. Your calcium sulphide alone is worth its weight in gold. I want to cast my vote for the foot-notes. The only objection I have to them is that they are so interesting my attention is drawn away from the subject matter above.

G. T. G., California.

Dr. Nagel states that five parts of ergotin should be dissolved in seven parts each of glycerin and water. This solution to be filtered. Of this preparation the ordinary dose is from three to twelve minims, but he has often given as high as 45 to 50 minims. (See first column of his article.) This is distinct enough, Doctor, and we think you probably overlooked the paragraph we have quoted. The tablet of ergotin can be used in this connection and in the proportions given. A very simple method which we use is to dissolve the ergotin tablet (grain two) in two drams of water and one of glycerin, giving of this ten to twenty minims or more as the case may demand. Why not use a hypodermic tablet of ergotin (grain 1-10), off hand, dissolved in ten to twenty minims of water? This is the most convenient plan and the solution is freshly made at the time it is wanted.

As regards the solution of permanganate of potassium, this simply means one grain to 240 of water, that is, one 1-grain tablet to four drams of water; approximately, two grains to the ounce. We will keep up the footnotes, as everybody asks us to do so. Whenever you can, Doctor, drop up a few ideas for this part of the Clinic. We shall appreciate it.—Ed.

—

Query 4947:—Ergotin in Diabetes Have you had any experience with ergot given hypodermically in diabetes mellitus? I find I have a small per cent of sugar in my urine. The specific gravity is 1030. It evidently is the nervous form of the disease I have.

While looking over the homeopathic proving of ergot I recognize a number of characteristic symptoms that I have had for some time. I am anxiously waiting for the number of the Clinic which is to contain an article by Profes-

---

Yellow Fever: As the toxin attacks the heart after two days, absolute rest in bed is necessary during depression.—Sexton.

Yellow Fever: Strengthen heart with strychnine hypos; do not let him even turn over in bed; water every hour.—Sexton.

sor Waugh on the rational treatment of diabetes.

F. S. B., New York.

One of the journal staff reports having employed ergotin hypodermically in saccharine diabetes with benefit. The French compound granule designed for the treatment of this malady has proved quite popular. Its application and the argument in its favor made by the French dosimetricians are given in the article by Dr. Waugh in the CLINIC for December, 1905. A valuable paper on ergot and its hypodermatic applications appeared in the CLINIC for November, 1905, from the pen of Prof. Nagel, of New York.—ED.

QUERY 4948:—"Epilepsy." A boy, five years old, looks fine, never sick, in fact is robust. In the past year he has had four to eight fits. He will, while eating, drop his food, his arms and hands will jerk, and he makes a noise somewhat like belching; his arms and hands jerk most of the time. It seems the noise is caused by the muscles of the abdomen contracting and forcing gas out of his mouth. He does not bite the tongue; will laugh after the spell is over and says he sees such bright objects. No worms, no wound on head, no phimosis, etc. Well formed, both parents very healthy. Gets up after an attack, plays and feels good, is quite bright, no bowel trouble, in fact looks to be perfectly formed and in fine health only for the spells. Will you please tell me his trouble. Can it be cured and what must be given him?

R. D. B., Oregon.

We fear this is epilepsy. You will just have to go over the reflexes carefully here, palpate for tender areas over abdomen, percuss the spine and have the urine examined. If epileptic, the uric acid will disappear the day before a spasm. It would be well to keep the urine passed each morning till the day he has a fit; then send that morning's urine (four oz.) and a specimen of that passed immediately after attack. You see the point? As you cannot say when the fit will occur the urine prior to attack cannot be secured unless kept each day till seizure presents. What is the family history here? Any other children? Any nervous taint in parents—lues? Possibly he eats too much, or too rich food. In fact, it is necessary to go carefully over the whole case, body environment and habits, to detect and remove all sources of irritation. For treatment read the first article in this JOURNAL.—ED.

QUERY 4949:—"Ethics." Allow me the privilege of addressing you for advice. The situation is about thus: I do a country practice, have been here three years. About two months ago another physician located about three miles from here and has cut the price of practice to about half what have been the customary charges in this country. What I want to know is how we are to meet this condition? He seems to be making a special pull on his low prices.

Now there are two physicians at a small town six or eight miles from here. They and myself have agreed not to meet the other in consultation or any way professionally. Were we right or not? I am a constant reader of the CLINIC and get much useful information from it.

J. E. Y., Arkansas.

The best thing for you and your friends to do is to meet this man and reason with him. See if you cannot make him "come over." Of course the "low price" business will pay for awhile among a certain class of people, but if he is a good man he will raise his prices

---

Drugs never cure disease directly but by exaggerating or restraining some physiologic function needing it.—Bishop, *Med. Record.*

Strychnine a great standby in circulatory disease because it arouses the nervous system, stimulating all processes.—Bishop, *Med. Rec.*

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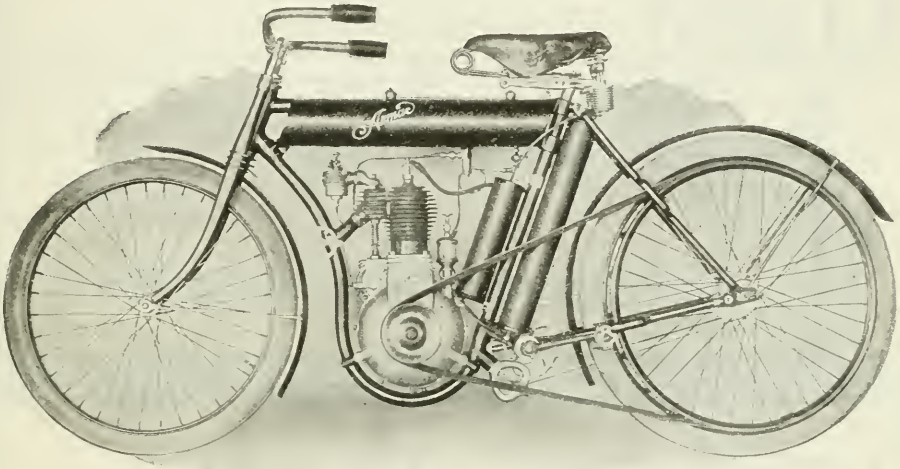

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just as soon as he gets a foothold. If he is a poor man, the low prices won't save him. People will discover him after awhile and leave him alone. A cheap doctor who is a poor doctor is dear at the lowest price. To antagonize him and refuse to meet him in consultation, etc., it seems to us at this distance will not help the situation any. He will just go right on cutting his prices and gobbling your business, and people will say that the reason you do not meet him is because you are "robbers" and *he* is "doing the fair thing," etc. Just go to him one after the other, and have a friendly talk; or do this: Tell him that if he does not come up to the regular price scale, each and every one of you will cut your prices to half of his present rates, and if necessary to a quarter. That will pretty nearly close the matter, especially if you three men control the practice there, as you most certainly should. If this man is a good physician and a gentleman in other ways his cutting of prices was probably his means of introducing himself to the community and was, after all, a fair and sagacious move.—Ed.

Query 4950:—"Gastritis." Two years ago I was in Chicago attending the Polyclinic, and was at that time attacked with stomach and bowel trouble; and although I have been treated more or less since by different specialists and physicians am still a sufferer. I live (and have since taken sick) on sweet milk, toasted bread, raw eggs, and lean meat broiled. But even upon that diet I suffer considerably from gaseous distention of the bowels (fermentation). My bowels only move when I take an enema and I pass at times quite a good deal of mucus. If I eat anything except the above-mentioned diet my bowels become loose. Am 6 feet tall, weigh 155 pounds—my normal weight. Have good color but am extremely nervous and worry a great deal. I have treated myself for intestinal indigestion viz: hydrastis, pepsin, hydrochloric acid and have used the intestinal antiseptic tablets but find they disagree with my stomach. I shall appreciate it very much indeed if you will kindly suggest a treatment. Have taken calomel, podophyllin and sodium phos. In giving treatment you will kindly suggest any diet you would think would be beneficial in my case.

J. G. M., Mississippi.

You will never be cured of your trouble until the exact conditions present are ascertained and treated. The question is, how great an extent of the digestive tract is involved? Where does the mucus come from? Is there an insufficiency of gastric or other juices? Is there gastric atony, hyper- or hypochlorhydria? Test meals, lavage and examination of stomach contents at different periods, will enable a well-posted diagnostician to form a clear idea of the difficulties.

Peristalsis may be deficient—probably is. The constipation and catarrhal condition of intestine point towards chronic gastritis. Free HCl is absent and pepsin is diminished. We can only suggest a general treatment which often proves effective, but we would urge you to have a thorough and painstaking man take personal charge of your case, treating you as symptoms demand.

The chief remedy for you is copper arsenite, gr. 1-100 before each meal. This will remove the gastric irritability that interferes with the action of the sulphocarbolates. The routine for gastric catarrh consists of a pint of hot

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Digitalis is one of the hardest drugs to handle; effects vary in men; preparations vary as to strength and active principle.—Bishop.

Advanced Heart Disease: Nor must the comfort of supported elbows be forgotten; when dyspnea is intense.—Bishop, *Med. Rec.*

water with a scruple of soda an hour before meals, followed in half an hour with half a grain of silver oxide; then just before eating take a grain each of papayotin to institute digestion and a grain of juglandin to start the secretion of healthy digestive fluids. After a week, drop the silver and take zinc oxide instead in doses of one grain each. If the juglandin should not suffice to regulate the bowels, add euonymin, a grain to each dose; or a sufficiency of saline on rising, taken in hot water. Sometimes a charcoal tablet gives great relief by absorbing gas and really acts on the bowels. Further indications may be furnished by the examination of the gastric contents after the test breakfast.—Ed.

Query 4951:—"Jaundice." I have a patient who, I think, has catarrh of the gall bladder. About six or eight months ago weight gradually began to decline, icterus and indigestion appeared but appetite seemed good; notwithstanding emaciation and weakness continues. I have given him several weekly courses of euonymin, podophyllin and calomel gr. 1-6. None of these seemed to produce bilious actions. I also gave soda phosphate, thirty grains in a quarter of a tumbler of hot water, before meals, and nitromuriatic acid after meals. He is still much jaundiced; he has had no colic and but little pain or sourness in hepatic region. Liver does not seem to be enlarged or atrophied, no edema of the eyes, face, hands or feet; had no malaria; urine normal, except shows bile. Patient is forty-seven, no history of syphilis, temperate. Mother died of cancer of womb about ten years ago. Father died of pneumonia when patient was an infant.

P. B. G., Alabama

A careful review makes us suspect that this is a case of hepatic cancer. There is continuous obstruction to the flow of bile with reabsorption; the steady decline in weight and strength are ominous; the failure of cholagogues increases the gravity of the case. Are the stools acholic? Is there a little fever? Does the patient find ease lying on his face (sign of gastric cancer rather than hepatic)? Flush the colon with cold water and see if it produces bilious stools—a good remedy in obstructive affections not cancer. You might give empirically boldine, gr. 1-67, seven times a day, as it has given great relief in many obscure hepatic cases. A full laboratory examination of the urine may throw some light on the case.—Ed.

Query 4952:—"Light Wanted." Ever since 1894 I have tried to get into alkaloidal medication, so called. If you have an adherent who has been one-half so anxious to get into this practice as I have been and is now one of your desciples, you have a *sticker*. I have never come across a copy of The Alkaloidal Clinic that I have not devoured it. I have studied that 9-vial case a thousand times thinking I'd send for it. Physicians have talked to me enthusiastically upon the subject and displayed their little 9-vial cases with joy, and yet I have never seen the time in these eleven years that I did not poke fun at those little alkaloidists. I have taken cases from them. I have given them all sorts of advantages and surpassed them in the race. I do not claim any superiority in skill or ability. I have wished that I could see as they see, for the smallness of the dose is the most fascinating thing in the practice of medicine. I have tried to learn as others have learned. My old preceptor said to me many years ago: "Young man, you will have to use calomel, for I tell you the diseases that the people have in the country will not

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Advanced Heart Disease: The promotion of vitality is the most important element in restoring and maintaining health.—Bishop.

In your Hunter's case put in intestinal antiseptics, zinc and codeine comp. and calomel and leave out the rest.—*M. B. Reed.*

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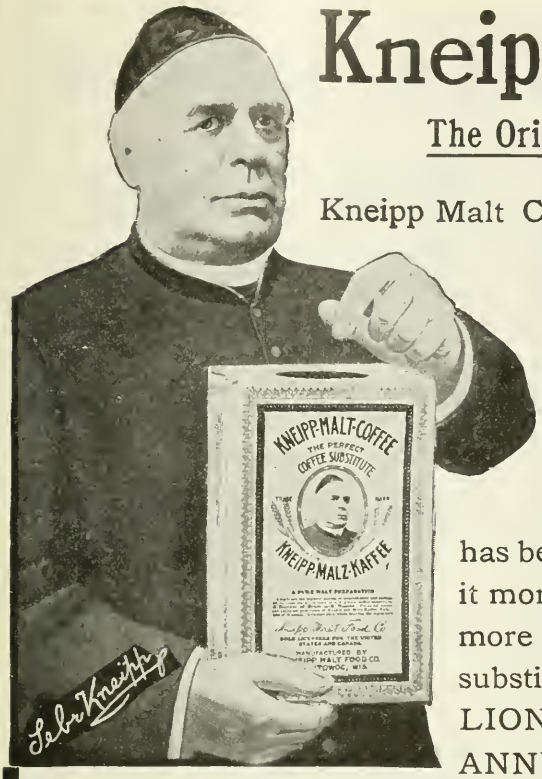

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yield to anything else." I do not use mercury in any of its forms and neither have I in many years, yet I cure syphilis. I break up diseases that have come to me from the hands of other physicians. I have not used aconite in twenty years and yet I break fevers. In some way I have succeeded and I have used but two articles in your little case—calcium sulphide and camphor.

I have read Shaller and am not yet converted. I am almost tempted to cry out "God be merciful to me, a sinner." I am desirous to administer small doses, frequently repeated. If you will kindly send me a full list of your products I promise you I will try them. I want euonymin and the resinoid podophyllin. I have seen Dr. ——'s bottle of echinacea he procured from you, and I must say that it is a very nice product.

In relation to Shaller's Guide I am compelled to say that I find nothing convincing in it. I do not like it, to put it bluntly. I have said to my friends, I wish that I could see this matter as Shaller looks at it. Now, I am as anxious to be converted as any man you ever saw, but Shaller will have to go into the subject deeper than he goes in this book to affect such results.

I like the foot-notes in THE ALKALOIDAL CLINIC and for my share in the household of faith, though a probationer, I desire their continuance that I may study more carefully the value of alkalometry.

C. B., Oklahoma.

I do not doubt that you have had your successes—every physician can cite cases where he has scored heavily against possibly better men. Maybe your alkaloidal confreres can do this against you. The writer recollects Senn acknowledging that a student he had called into the arena to diagnose a case had made a hit that had missed the great man. But however good a physician you may be, you will be a better one for adopting the alkaloids and the alkaloidal methods. You do not have to unlearn anything—just plus the alkaloids. The work you need is the Alkaloidal Textbook. This is the solid meat; pork and beans; cheese; pure proteid matter. You'll have to do the digesting yourself; this book was written for the men who want the whole thing and will take time and trouble to study. The hasty gleaner, the superficial catcher at passing fancies will not worry over it.

The better the doctor, the more brilliant his results, the more necessary that he should be an alkalometrist. The mere fact that a man owns a nine-vial case of alkaloids does not make him a diagnostician. It does not give him the power of intuitively giving the right remedy for the condition present. There are men made into doctors, and there are doctors who were doctors as soon as they became men. "Yea from their birth up they were called to treat the sick." Nothing appears more ghastly to the writer than the attempt of some man who would make an excellent farmer, storekeeper or contractor, to become a doctor. That these men use the alkaloids and follow the alkalometric teaching alone enables them to make a reasonable success, where otherwise they would be the most ghastly failures. The "born doctor"—the man who makes his diagnosis without trouble and by intuition—can walk all around this kind of an alkalometrist, with a glass of water, a teaspoonful of salt and a bottle of coal oil. It is as much of an art to know when to leave a thing alone as when or how to do it, and many men have killed their

---

Purulent ophthalmia—never fails: Hydrastine hydrochl., gr. v; morphine, gr. 1-2; dist. water, 1 oz.; 2 drops instilled every 1-2 hour.

Carr reports senile gangrene healing under echinacea internally and locally. The accompanying diabetes also ceased.—*Ther. Dig.*

patients by giving them big doses of dangerous drugs. Alkalometry saves them from that. No man conveys his message to all others.

Dr. Shaller writes as Dr. Shaller feels. That you do not think as he thinks—that we do not think as you think—has nothing to do with alkalometry. We are now writing a text book upon Practice which will fill the needs of many men. In the meantime you should have the Digest, Alkaloidal Therapeutics, and if possible American Alkalometry, and a fair selection of the active-principle granules and allied preparations. Learn to "think in alkaloids." Master the principles which we have inculated into so many practicians and tell us again two years from now, whether you would go back to the use of the galenics.—Ed.

—

Query 4953:—"Menorrhagia." I have a patient, woman 54 years old, still menstruates regularly, womb large and prolapsed, but no other evidence of being diseased. Flow at times is very profuse. She is weak, poorly nourished and has, I believe, a small ovarian cyst on left side. She is very melancholy and despondent; puffs under the eyes, feet and ankles slightly; urine shows no albumin; complains of "weak spells", feels that she can't get her breath during attacks but respiration is not disturbed. Bowels act daily, has never been constipated. Heart-action rapid during nervous attacks but no evidence of organic trouble.

W. A. Z., Ohio.

The remedy here is hydrastinine, gr. 1-12 every four hours until the effects are satisfactory. Much benefit results from checking the flow by proper tamponing; cotton saturated with alum solutions tightly packed into the vagina and removed as seldom as possible. If the uterus is heavy and soggy, drain it by using glycerin on the cotton. Keep up elimination and especially prevent constipation. When decidedly better employ berberine to contract the uterus and possibly the cyst; while you are restoring the blood and the strength by appropriate tonics and hematics.

Give her nutritious diet of an easily digested character, plenty of fish, meat juices, vegetables, fruit and milk. Have her eschew fats and smoked meats and take but little sugar. A good rub down with salt water twice a week followed by a brisk rub with a rough towel will help this woman a whole lot together with active exercise daily in the open air and suggestion.—Ed.

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Query 4954:—"Mucous Colitis." I have a case of mucous or membranous colitis of several years' duration, that came to me six weeks ago. The case has "been the rounds;" just previous to coming to me had been under the care of a homeopath. Patient female, thirty-six years of age, unmarried. For many years has had chronic constipation. Last spring she had an anal fissure. That has healed. There is a retroverted uterus, very tender. Every day she passes large quantities of a membranous looking substance, sometimes tubular. Pain and tenderness throughout entire course of colon. There is quite often a free discharge of greenish-colored fluid from bowel, which has an offensive odor. This discharge is sometimes very dark and is more free since using saline laxative. Her appetite is very poor, sleeps well. I have given her cod-liver-oil, colonic flushings once daily of solution of silver nitrate. Once daily she takes one tablespoonful of saline laxative. For about two weeks I gave her intestinal antiseptics. Her appetite has improved just a little, but otherwise there has been no

---

Kemper reports a case of flatulent colic after meals recovering on minute doses of colocynth half-hourly for four hours.—*Med. Coun.*

Used echinacea in serious case of profound sepsis with acute nephritis; the result was certainly marvelous.—*Ther. Digest.*

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Dr. J. E. Winters to the N. Y. Academy of Medicine.

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change. I have read somewhere that olive oil is beneficial in such cases. Is there anything in it?

T. A. H., Illinois.

The point of attack is the retroverted uterus. Replace it and retain it, by wool tampons saturated with glycerin, till the tenderness has subsided; then fit a pessary or add tannin to the glycerin. Flush the colon every second day, giving the compound rhubarb tablets enough to keep the stools soft. It looks more like ulcer of the rectum than simple mucous colitis from the description, in which case the addition of turpentine to the flush will do more healing than will the silver. Meanwhile try to restore healthy alimentary secretions by giving either rhubarb, emetine or juglandin, the latter preferably in doses of a grain before meals. The bowels must be kept free and aseptic. The strength should be supported by suitable diet and tonics—strychnine arsenate seems best here, in full doses. Copper arsenite would probably act as an intestinal antiseptic better than any other; gr. 1-100 before meals. Silver acts well in membranous colitis especially after the bowel has been cleared out so the remedy can come in contact with the diseased surface. We see no reason for the use of olive oil in such cases.—Ed.

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Query 4955:—"Night Terrors." Boy of nine has appearance of being healthy and seems to be so, but has always had "spells" after going to bed, perhaps half an hour of crying, and scare, jumps up and stands in bed, and, if touched on back near the hips or coccyx, will jump or seem to spring up like it was very painful. This lasts ten to thirty minutes and occurs at irregular intervals, sometimes every night, then he will be free from attacks from one to four or six months. If asked what hurts him after attack, will say "stomach," but seems unconscious of every one, don't seem to recognize his parents until he begins to get better. Bowels are regular, prepuce is little long but not adherent. He is in school and learns well, above the average child. Has been taken to many doctors who say the fits will wear off or be outgrown. Would like to do something for him and would like to have your advice.

L. B., Missouri.

You will have to make a very careful examination here. Better circumcise promptly and dilate the sphincter ani. It may be that this is a case of "night terror" due to faulty digestion, and the "pain" about coccyx imaginary—or reflex. On the other hand be very suspicious of early spinal disease, and test the reflexes deep and superficial. Mark whether the muscular spasm is *unilateral*—it usually is in brain cases—and look for adenoids, worms, etc. Also make sure that there are no "bad habits." Hysteria must be reckoned with; every motion should be weighed and the child closely watched. Epilepsy must not be lost sight of; just such symptoms as you describe have ushered in the disease, but careful observation of the case will serve to settle the presence or absence of this disease. Look up the teeth; see that no food is eaten within two hours of bedtime; examine urine; see to elimination; remedy any physical abnormality you can detect; use suggestion to its limit, and generally see to it that the child leads a perfectly hygenic and normal life. Test for round (and tape) worm. Temporarily we suggest that the food be light and well selected, that he be given a sponge bath with friction before retiring, and that twice a week his bowel be

Hard recommends echinacea as a cure and preventive of sepsis in puerperal conditions; "third day fever."—*Medical World.*

In moderate nephritis overdoses of chlorides increase weight, edema, albuminuria and hasten uremia.—Miller, *J. A. M. A.*

washed out. A simple digestant (papayotin) may be of service and scutellarin two granules, with juglandin one, may be exhibited an hour before food. If the spine is tender on percussion, paint with iodine. After studying the case further, Doctor, write us again; and if you can give us some more definite clinical data we may be able to make better suggestions.—Ed.

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Query 4956:—"Pain in Chest." A wood's boss, 37, had influenza 4 years ago; 2 years ago began having pain in the left side between 3d and 4th ribs, radiating to spine, confining him to bed for five days, with no fever. Appetite good, skin dry, pain on pressure at point mentioned, color decidedly waxy, no albumin or sugar in urine, no heart lesion; very nervous, arteries hard; habits good. He has been the rounds; potass. iodide, sodium salts, purgatives, etc. My diagnosis is pleurodynia. When attacked he can not laugh, sneeze or cough without great pain.

E. L. P., Texas.

Such pain may indicate neuralgia, myalgia, angina pectoris, gastralgia, acidity, gallstones, colic, aneurism or other thoracic tumor, pleuritic or pericardiac adhesions, and other possibilities. The waxy color may indicate lymphoma—how about the spleen? Myalgia can be detected by a faradic battery which puts the muscles in contraction when they hurt. The urine may afford a trace of bile, indicating gallstones. This would account for the paroxysmal nature of the pains. Under the obscurity we are not warranted in advising treatment beyond the application of anodyne liniments over the tender spot, and possibly giving asclepidin a grain every two hours as this will relieve the vascular tension slightly—and possibly the pain. Keep the bowels easy and restrain the appetite, enjoining avoidance of strain and overwork.—Ed.

—

Query 4957:—"Postpartum Medley." Mother, 30, youngest child 3 months, in bed part of the time; temp. 100, pulse 100, abscess forming in right breast with glands of right arm inflamed; tubercular tendency; delirious one night last week; no edema; no cough; heart irregular; much constipation; pain in rectum and bladder when bowels act; uterus presses on rectum; anemic, skin yellowish, stomach tolerant; urine for 24 hours sent.

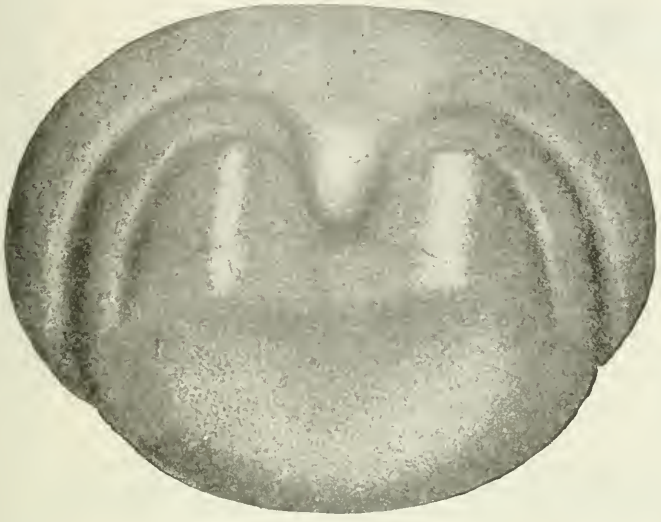
A. H. E., Pennsylvania.

We have here to deal with a case of subinvolution, constipation and consequent toxemia, expressed locally at the point of least resistance—and local trauma as well—by a forming mammary abscess. Begin with the bowels; unloading by a cholagogue at bedtime, saline in the morning, and these in sufficient doses, repeated till full desirable effect. Contract the uterus by giving ergotin two grains three times a day, for a few days, followed by berberine a grain before meals for the purpose of restoring the strength of the uterine supports, and stimulating the stomach. Meanwhile give enough phytolaccin to stop the mammary abscess—a grain three to six times a day—carefully supporting the organ by suitable strapping. If pus has formed evacuate it at once. But this may be prevented by the above treatment and by quickly saturating with calcium sulphide about gr. 1-6 every hour. While this is done give her a carefully arranged supporting diet, easily digested foods, quite nutritious, not too much fluid as this will painfully increase the mammary

Tuberculosis is termed "the great white plague"; with equal aptness venereal disease may be called the "great black plague."

Antiseptics do not kill typhoid bacteria but kill non-specific bacteria, combat fermentation, stop odor and gas.—Jenkins, *J. A. M. A.*

NASAL AND CHRONIC CATARRH



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Nasal catarrh, which has long been an odium of medicine, may now be successfully combatted by this alkaline antiseptic—Germiletum. A. H. OHMANN DUMESNIL, Professor of Dermatology in the College of Physicians and Surgeons.

I have used Germiletum in several cases of catarrh. I consider it a specific in nasal and chronic catarrh. A. U. WILLIAMS, M. D., Hot Springs, Ark.

I have used Germiletum in many cases of rhinitis with most excellent results. It is also the most efficient remedy in catarrhal affections. E. W. WATKINS, M. D., Washington, D. C.

Being myself the unhappy possessor of a case of chronic nasal catarrh, which has run the gauntlet of treatments, out of desperation, I commenced Germiletum, with the most satisfactory results. I now prescribe Germiletum where I want an alkaline antiseptic. B. A. LANTERMAN, M. D., Los Angeles, Cal.

I consider Germiletum almost a specific in nasal and chronic catarrh. I can truthfully say I have never used any remedial agent that gives such general satisfaction in catarrhal affections. I. G. METZ, M. D., Buffalo, N. Y.

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I am using Germiletum almost daily and I find it most valuable in inflamed mucous membrane. I use it freely in all of my catarrhal cases in which I find it as near a specific as can be. Dr. S. P. HARNED, Brooklyn, N. Y.

I am much better of my Bronchial Catarrh. I think Germiletum a grand remedy. A. J. HAILE, M. D., Atlanta, Ga.

I have used Germiletum with telling effects on a patient who had abscess of the larynx and catarrhal conditions existing for several years. I have never used anything in all this time that has given me the satisfaction that Germiletum has done in the 25 years of my practice. S. M. HOOPER TYLER, M. D., Louisville, Ky.

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hyperemia. Hot salt sponge baths will do good. For the fever keep her quiet in bed, and give the triads—aconitine, digitalin, and strychnine arsenate—enough to prevent waste of tissues. Tonics will be needed later—in fact, the use of lecithin can be commenced as soon as the specific remedies have done their work and may be discontinued. The uterus should be supported and drained by wool tampons saturated with glycerin, renewed night and morning.—Ed.

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Query 4958:—"Rosacea." I am twenty-three years old, blond, very thin skin, a prominent nose, and eight years ago I noticed it was getting red and sore. It got worse for several years until now it seems to have reached a chronic state. The redness is confined to the nose, the rest of my face being almost of a perfect complexion. Under the skin are a multitude of small capillaries which can only be seen when the inflammation has been partially allayed with soothing lotions. There is an oily substance exudes from the pores of the skin on the affected part which seems to help keep it irritated. The nose never itches but it is always more or less sore. I have been using a weak solution of adrenalin chloride which allays the irritation a little but does not remove the redness, and if used too often causes greater inflammation.

My general health is good, bowels and kidneys excellent. I have never used alcohol in any form and have not used tea or coffee for over a year. Have been treated by several physicians but none of them has ever had a case of the kind and the treatment was unsuccessful. Have tried dieting, exercise, ointments, etc., without getting any good results. Kindly suggest a method of treatment.

E. S. S. Iowa.

The condition you describe is not a particularly rare one and can only be cured by the most careful attention to detail. In some cases it is necessary to tie off some of the vessels. This is a most distinct case of rosacea and if you have any good work on skin diseases you will find the entire subject well covered: Jackson is especially clear. Crocker goes into details even more fully. The oily seborrhea and telangiectasis are especially characteristic of the disease in the second stage. It is a vasomotor reflex neurosis: Schwimmer calls it a trophoneurosis, Unna a seborrheal eczema.

Now as to treatment; every function must be regulated. Take saline every morning, ergotin gr. 1-6, ichthyol gtt. five (in capsule) three times a day—preferably just prior to meals. One hour earlier take strychnine arsenate gr. 1-67, juglandin gr. 1-6, alnuin gr. 1-12. Icthalbin may be substituted for ichthyol. If digestion is poor papayotin after food (two). If there is any fermentation in bowel, the sulphocarbolates till stools are odorless. Locally pustules must be destroyed with the curette and acid carbolic.

Vessels obliterated with the electric needle. Then the skin must be removed by degrees (dermatitis); resorcin 10 to 20 per cent in vaselin may be applied till the skin is peeling, then cold cream may be applied till irritation ceases. Hot water at night—very hot and applied for some time. Just as soon as the peeling ceases apply the resorcin again, and so continue till the nose is well. Red patches may be cured by "criss-cross" scarification or multiple punctures.

You may try washing the nose night and morning with hot water and then

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Antiseptics lessen diarrhea and tympanites; they are useful and should be prescribed in typhoid fever.—Jenkins, *J. A. M. A.*

To eliminate falsehood from all advertising would be the best thing that could happen for the honest advertiser.—*The New Idea.*

apply oxide of zinc four grains to the ounce of liq. antisepticus (U. S. P.) or this in the day time and ichthyol and lanum equal parts at night.

If you will take our advice you will have some good local man take the case and treat it stage by stage as may be necessary.—Ed.

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Query 4959:—"State Board Examinations." What is the alkalometrist to do when examined? If a state board examiner should ask me the dose of a tincture or fluid extract I could not tell him, but I think I might suggest the active principle and its dose. The only objection I have to them (and the pure Montana air) is that they keep people well too much. The main thing I suppose is to charge them well for curing them quickly?

F. F. A., Montana.

From our position we, perhaps, are better fitted to pass any state board examination than you are, and yet we would have to "read up." Only the recent graduate is exempt from that performance. We *have* to know the dosage of fluid extracts and tinctures, though we never use them (at least only where the active principle of the drug cannot be obtained, then as a rule we use the specific tincture). Bear in mind the dosage of the main galenic preparations always and "keep posted." You are quite right, Doctor, the patient should pay well for being cured quickly and thoroughly. Some day perhaps the doctor will be paid for keeping people well instead of treating them when they are sick. At present the ignorant physician of pleasing presence and plausible manner can keep a patient under treatment for weeks and make a fat living; the patient in the meantime becoming so attached to the doctor that the daily visit of the latter is looked forward to as *the* event of the day. If the unhappy victim of disease finally goes to the better land, it is the doctor with the empty head but pleasant smile and glib tongue who stands at the bedside and "passes the patient over." The relatives look at each other and say: "what an inestimable privilege it is to have such a charming physician," and we are quite sure that if the dead could only speak they would rise in their coffins and ask to be allowed to die all over again! But that is not "*medicine,*" Doctor, and the individual (now deceased) might have been saved to face the cruel and cold world with a few doses of the proper remedy promptly given. The alkalometrist goes along in such cases, diagnosing carefully, dispensing then and there a few little granules, and goes his way without any fuss or flummery. In a few days and after a few such visits,—the patient meanwhile being unable to form a personal attachment for the doctor (from lack of time)—the services of the physician are no longer required. The bill is small and the patient and his friends naturally think that the disease was a very small one, and so the doctor gets no credit; whereas the other fellow would have been boomed abroad and boosted as a "medical marvel," he having kept the sick individual alive for months (just think of it!), by his "marvelous skill!" If people could only know that during that time the patient was slowly but surely dying for want of one intelligent and effective effort on the part of the physician, the verdict would be different. Therefore, Doctor, if you cure quickly, charge properly, and see that you get it.—Ed.

There are no medical reasons for returning to the old (canteen) regime in either army or navy.—Inglis, *J. A. M. A.*

Bayard Holmes proposes that all medical text-books be burned after they have reached the ripe age of ten years. Authors too?

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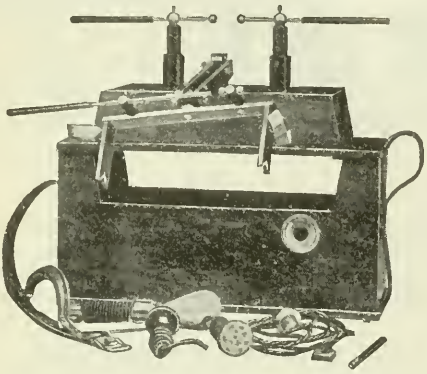

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Unsurpassed for X-Ray and high frequency work.
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We pay cash, *40 per cent discount* to the *profession*, from the price of any catalogue. We manufacture spinal braces for Lateral, Anterior and Posterior Curvature. Braces for Bow-Leg, Knock-Knee, Weak Ankles, Anchylosis of Knee Joints, all kinds of Hip Joint Splints, Clubfoot braces, and for Paralysis of the Legs, etc. Also Trusses from $3.100 up. Abdominal Supporter from $1.50 up. Elastic Stockings $1.25 up.

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Formaldehyde Soap
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Superior germicide for washing hands and sterilizing field of operation.

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By means of fountain syringe for women's weaknesses.

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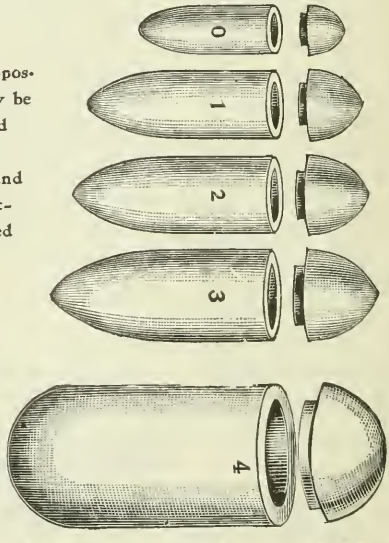
With Conoidal Self-sealing Stoppers
All made from Pure Cocoa Butter Only

These Suppositories may be easily filled with any medicine and are hermetically sealed by the stoppers.



PRACTICAL POINTS

NEW ADVERTISERS IN THIS ISSUE.

Kneipp Malt Food Co., New York City, N. Y. (Kneipp Malt Coffee.)
Gillette Sales Co., Boston, Mass. (Gillette Safety Razor.)
Robertson Publishing Co. (Nebulizers.)
Armac Motor Co., Chicago, Ill. (Armac Motor Cycle.)
C. L. Mitchell, M. D., Philadelphia, Pa. (Bougies.)
Globe Mfg. Co., Battle Creek, Mich. (Nebulizers.)
Strong, Cobb & Co., Cleveland, O. (Echitone.)
Satyria Chemical Co., St. Louis, Mo. (Satyria.)
Calenduline Mfg. Co., Chicago, Ill. (Calenduline.)
Chicago Biological Laboratory, Chicago, Ill.
A. T. Cramp, Milwaukee, Wis. (Medical Laws.)
Columbia Mfg. & Supply Co., Cincinnati, O. (Carriages.)
Olivine Company, New York, N. Y.

A BUNCH OF BOUQUETS.

I have been a constant reader of THE ALKALOIDAL CLINIC since my first acquaintance with it and the longer I read it the better it gets, so you need not fear so long as I can raise the subscription price and see to read, but what I will be one who will peruse its pages from front to back cover.

Yeddo, Ind. DR. J. W. DOWDEN.

THE ALKALOIDAL CLINIC I consider one of the best medical journals published today, and it has been a great help to me from the first day I began reading it.

E. Braintree, Mass. DR. A. T. BARSTOW.

I see my CLINIC has a red wrapper. That is all right, but enclosed find one dollar for the most wide-awake medical journal I ever read. It is full of good things and that is the reason I send my dollar to push it along.

Yours very truly,

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A woman might as well attempt to keep house without bread as an up-to-date doctor to attempt to practice medicine without the CLINIC.

Lebanon, Ind. JAS. L. HENDRICKS, M. D.

Please advance my subscription on CLINIC and don't ever stop it until I order it stopped—that will be about the year 1950.

Winslow, Ark. DR. C. E. JONES.

A UNIQUE ELECTRIC AIR PUMP.

The constantly-increasing demand for compressed air to operate Nebulizers, Vibrators, etc., has led to the development of various styles of air pumps of greater or less merit. Our attention has recently been directed to a unique electric air pump possessing many features which appear to be very desirable and practical. We cannot enter into details, but note automatic action on either direct or alternating current; adaptation to pressure or vacuum; high pressure and large capacity in proportion to power consumed; air filter, with special claim for compactness and durability. We advise users of compressed air to investigate this pump. Full information can be had by writing the Globe Manufacturing Co., Battle Creek, Mich.

FOOD AND STUDY.

A College Man's Experience.

"All through my high school course and first year in college," writes an ambitious young man, "I struggled with my studies on a diet of greasy, pasty foods, being especially fond of cakes and fried things. My system got into a state of general disorder and it was difficult for me to apply myself to school work with any degree of satisfaction. I tried different medicines and food preparations but did not seem able to correct the difficulty.

"Then my attention was called to Grape-Nuts food and I sampled it. I had to do something, so I just buckled down to a rigid observance of the directions on the package, and in less than no time began to feel better. In a few weeks my strength was restored, my weight had increased, I had a clearer head and felt better in every particular. My work was simply sport to what it was formerly.

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"Besides these I could give account of numbers of my fellow-students who have made visible improvement mentally and physically by the use of this food." Name given by Postum Co., Battle Creek, Mich.

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In inflammatory, ulcerated and disturbed conditions in general of the gastric membrane, Physicians will find

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an acceptable and soothing nutriment. It gives the greatest amount of food energy with the least labor for the digestive organs. The rapidity with which it is absorbed gives the stomach walls a longer period of rest than can be secured through the use of ordinary nutrient agents.

It has been known and prescribed for years by many prominent Physicians. It presents an appetizing appearance and a tempting odor. It is a decided change from the ordinary delicacies for the sick room. The juice of the clam is strengthening in its effect, both to the stomach and the nervous system. It is bottled in glass, and sold in pints and half pints. This assures not only cleanliness and convenience in the serving, but perfect purity and freshness while using in the sick room. All the leading apothecaries and grocers sell it.

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Reduction on Original Specialties 20 per cent., and 40 per cent. on Fluid Extracts, Elixirs and Tablets.

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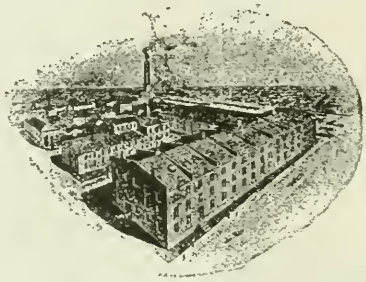
We have dispensed with traveling salesmen! We sell for cash only! The amount saved by our change in method of doing business we give to our customers.

N. B. All goods of our manufacture *guaranteed.* If not as represented, return at our expense.

Send for our Cash Mail Order Price List, and examine prices. A postal card brings it.



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Rates: $1.00 for 25 words or less, additional words, 4 cents each. Remittance must accompany order.

The words, "Wanted," "For Sale," etc., also the address and street number must be counted in determining number of words. No advertisement inserted for less than $1.00. In answering advertisements have your return notice on envelope. Copy must be received by the 20th of the preceding month for the next month's issue.

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THE work of Seguin (804), of Serturner (1805), of Dumas and Pelletier (1823) was scientific to the highest degree. For the sake of knowledge they investigated perseveringly until MORPHINE was thoroughly defined.

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LABORDINE is a distinct advance over all other antipyretic agents. It is of purely vegetable origin. Unlike the synthetic antipyretic agents, Labordine does not depress the heart, but supports that organ while bringing about a marked and sustained reduction of temperature. Try Labordine in a critical case. Furnished in powder and five grain tablets. Samples and literature on request.

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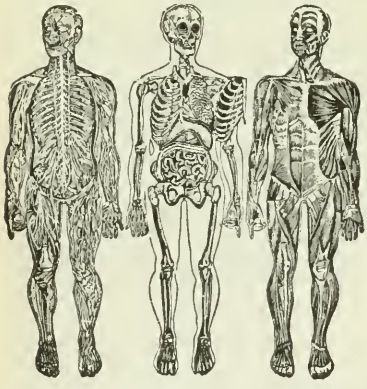

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Object of Ad is to get some druggist to put them on the market and give me a small royalty.

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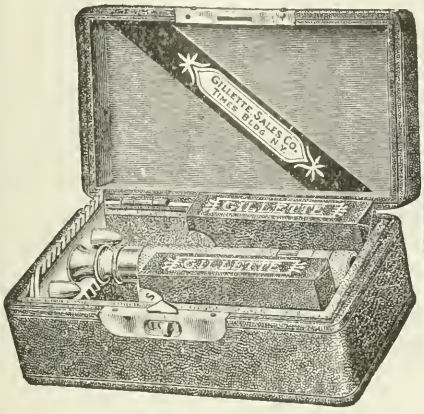

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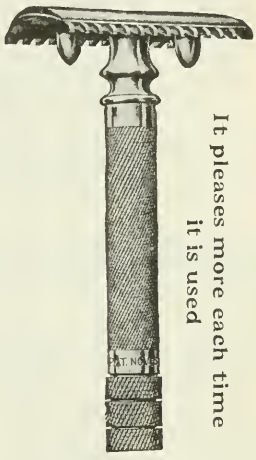

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Science has reached the acme of skill in the fusion, tempering, hardening and sharpening of these blades. The process is one of the wonders of the 20th century. The steel is of a quality as fine as a Damascus sword.

The most simple and durable shaving device in the world, **No Hinges, no Clasps, no Springs**, and nothing to learn or adjust. Simply lather and shave in four minutes' time.

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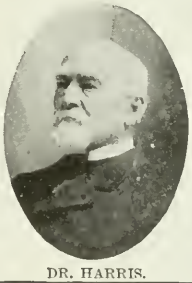
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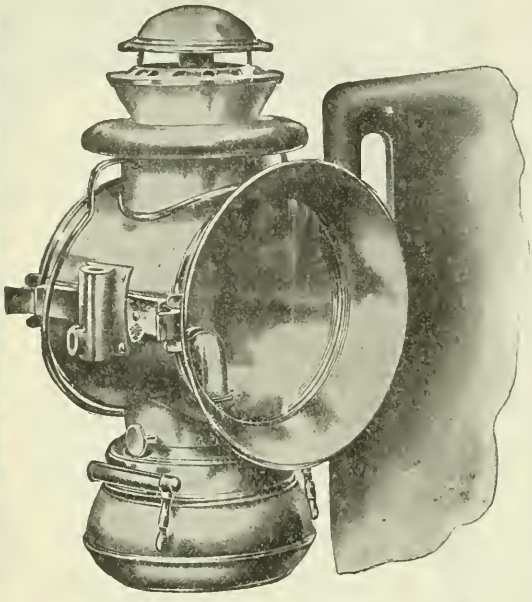

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Every Doctor needs a first-class Driving Lamp, and so confident are we that our new **Diamond Driving Lamp** will please, we make the following liberal offer: Send us your order, try the **Diamond Lamp** two weeks, and if not entirely satisfactory, return to us at our expense and we will refund your remittance in full.

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Gives more light than any other oil driving lamp made.

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The reflector is finely silver plated, and the lens in the door is a Bausch & Lomb double convex, finely ground and polished, which greatly magnifies the light.

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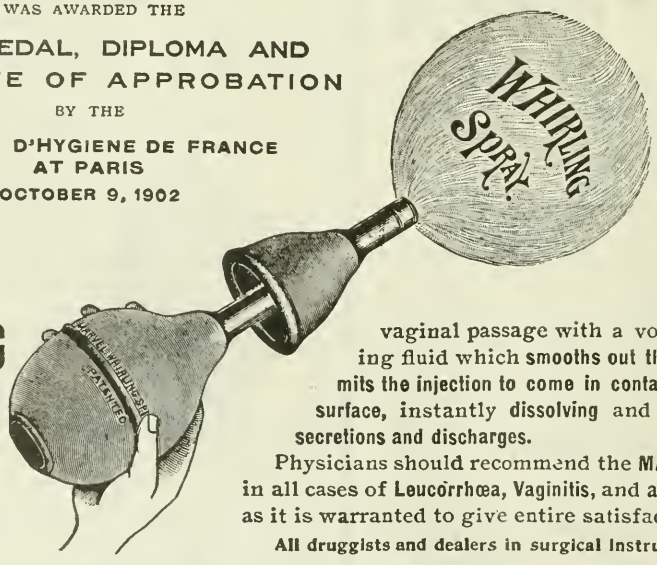

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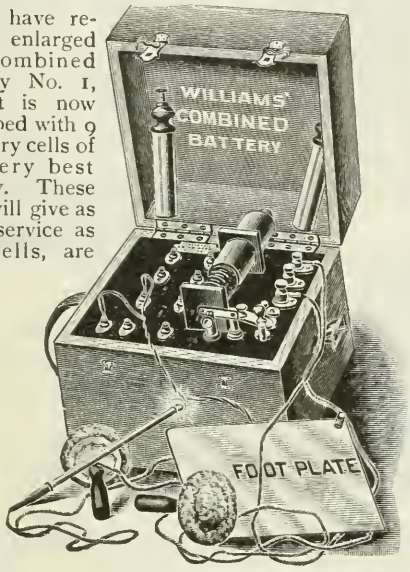
WITH DIAGNOSTIC LAMP

Operated by 9 large Dry Cells of Standard Size

We have recently enlarged our Combined Battery No. 1, and it is now equipped with 9 **large** dry cells of the very best quality. These cells will give as good service as wet cells, are



PRICE $20

much cleaner and less troublesome in every way. The battery is so constructed that **cells of any standard make can be used in same.**

Three Batteries Combined in One

A first-class faradic coil, with long, fine wire secondary, strong enough for any work, operated by large dry cell.

Eight large cells for galvanic work, such as removing facial blemishes, treating strictures, cataphoresis, etc.

A diagnostic lamp for examining throat or other cavities.

Special Offer: To introduce this Battery we will, for a limited time, allow physicians a discount of 25 per cent., thus making the net price only $15, and in addition to the attachments mentioned above, we will send a urethral electrode, four bulbs or olives, uterine cup and rectal ball.

Sent for Free Inspection Physicians who prefer to see the battery before paying for it, can have it sent to them, C. O. D. $15, with privilege of examination. All express charges will be prepaid, and if it does not suit, will be returned at our expense.

PERCY WILLIAMS, Manufacturer

Established 1880

Office and Salesroom, 6 Barclay St.

NEW YORK, N. Y.

A FEW LEADERS IN PHYSICIANS' LEATHER GOODS

MARSHALL'S PATENT

Convertible Buggy Case Saddle Bags

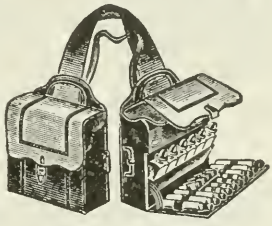
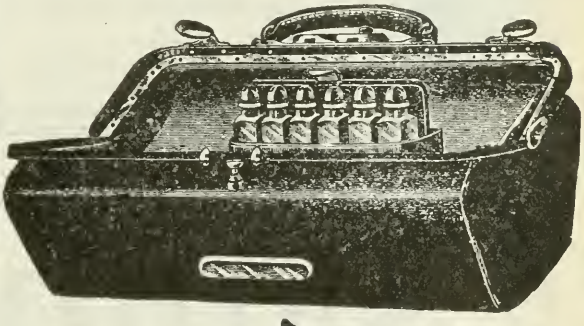
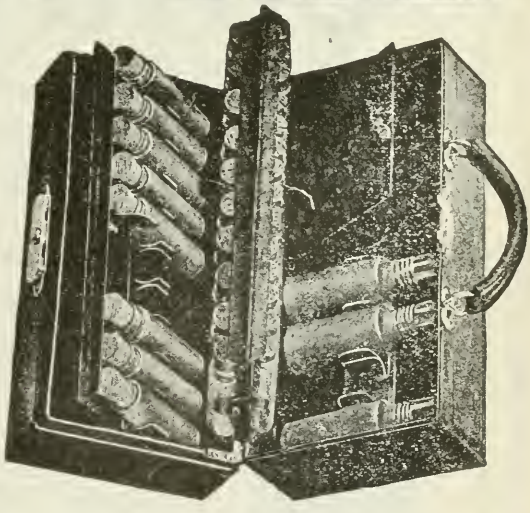


Fig 1, is Fig. 2 in Saddle Bag Form. One side open.

Fig. 2 is Fig. 1 in perfect Hand Case Form, closed.





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Chicago Leather Goods Co.

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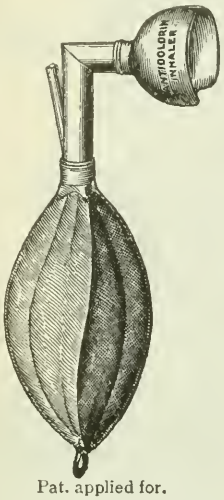
Price complete outfit
including 60 gr. tube of ANTIDOLORIN sufficient for at least 12 anaesthesias.
$10.00.



Devised by MAURICE GREEN, D. D. S., of New York City

Pat. applied for.
NO VALVES, NO SCREWS, SIMPLICITY.

PUREST ETHYL CHLORID

Excels Nitrous Oxide in Every Respect

An Ideal Anaesthetic Preliminary to Chloroform or Ether.

ABSOLUTE SAFETY	LENGTH OF NARCOSIS
RAPIDITY OF RECOVERY	NO AFTER EFFECTS
EASE OF ADMINISTRATION	NO CYANOSIS
LESS HEMORRHAGE	WEIGHT 25 OUNCES

Saves fully 50 per cent. per administration at 1-10 the cost of apparatus.

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"**Pure** Ethyl Chlorid must not be confounded with similar anaesthetics sold under Proprietary names, which, although containing a percentage of Ethyl Chlorid, are compounded with drugs which are admitted to be unsafe, and deaths ascribed to their use have already been reported."

We offer to refund your money after a 30 days' trial, if the inhaler does not prove ALL that is claimed for it.

In ordering always specify "ANTIDOLORIN FOR NARCOSIS" as this requires a different style of container than used for local anaesthesia.
Sizes: 30, 60 and 100 gramme.

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A Winter Resort that Fortifies and Up-builds

A winter resort not at all like the old ones you have previously visited with increased temporary comfort but no permanent betterment! No, not like those! But a winter resort which, by deluging you with bright sunshine and ***dry*** air, keeps you so constantly astir that at the end of two or three weeks you have increased in weight, increased in strength, increased in chest measurement --- increased in the things that govern health and business capacity.

The argument is elaborated to include proofs and details in a new folder which you may obtain without cost by writing P. S. EUSTIS, 152 "Q" Building, Chicago.

P89

Bochert Springs Medicinal Waters

AN UNQUALIFIED SUCCESS
A FOUNTAIN OF YOUTH
HEALTH AND LONGEVITY

Nature's Own Remedy, Pure and Clear as Crystal. Endorsed and Prescribed by Leading Practitioners.

Unique in pleasant appeal to the palate; wonderful in attacking stubborn physical ailments, and of such vitalizing curative and building properties that no water substitute for old time, ineffective, nauseating drugs can be compared with Bochert for instantaneous and permanent results.

Its Miraculous Effect in Cases of Obstinate Afflictions:

Bright's Disease, Diabetes, Torpid Liver, Stone in Bladder, or Kidney, Stomach Diseases, Intestinal Indigestion, Gout, Rheumatism, Renal Calculi, Anaemia and Debility, Dyspepsia, Eczema, Acne, Blood and Skin Diseases, Nervous Disturbances and Kindred Ailments.

Has made Bochert Famous in a Brief Period as the Leader of all Medicinal Waters.

EXTRACTS FROM A FEW OF OUR TESTIMONIALS.

Dr. C. A. David, Champlain Building, Chicago.—"I have used the Bochert Medicinal Water in two cases of Diabetes Mellitus with highly satisfactory results. The first patient had 4 per cent of sugar in his urine when he began drinking the water. In about 10 days there was only 2 per cent of sugar and in a month all traces of sugar had disappeared. Three months later analysis showed no trace of sugar. The second case had a similar experience."

Mr. E. E. Palmer, of Truax, Green & Co., Chicago.—"I attribute my speedy recovery from a severe attack of intestinal indigestion to the use of Bochert Water. It is undoubtedly one of the best waters ever placed on the market."

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BOCHERT SPRINGS MEDICINAL WATER.

Is Put up in Quarts and Half-Gallon Bottles. Weight of Case and Bottles About Ninety Pounds.

Prices to Consumers at the Springs or at the Distributing Depot:

Per Case of 12 half-gallon bottles	$4.25
In Five-Case Lots, per case	4.00
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Special Discount to the Trade. Literature Sent on Application Free of Charge, to Any Part of the World.

NOTICE:—Labels and Neck Straps on bottles of **BOCHERT MEDICINAL WATER** are printed in Royal Purple and Yellow Colors Only

CAUTION:—None genuine without the name of **BOCHERT & SEGHERS** printed on neck strap and branded on every cork. See that the cork seal is not broken.

The water may be Secured at your Druggist or from the Proprietors.

Bochert Springs Medicinal Water Co!

Springs in Ozark Mountains, Jefferson Co., Mo.
Distributing Depot, 2259 Cottage Grove Ave., Tel. South 861, CHICAGO, ILLINOIS.

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To effect the relief—cure—of the several varieties of Cough, the Acute and Chronic Affections of the Respiratory Tract, the physician now, almost instinctively, prescribes

Glyco-Heroin (Smith)

The value of this preparation in the treatment of Coughs, Bronchitis, Phthisis, Pneumonia, and kindred disorders, is not a thing that is to be established; it has already been established to the complete satisfaction of the medical profession for whose use it is expressly designed.

As the employment of this preparation becomes more widespread, confidence in it becomes more deeply entrenched. For that reason Glyco-Heroin (Smith) has not stood, and never will stand, in need of spectacular exploitation. The preparation will continue to bear with dignified modesty the encomiums of the medical profession and remain within the sphere to which it belongs.

For literature and sample, address

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To Our Co-operators!!

Dividends for the quarter Ending Dec. 31st are now due. Send in your Coupons for Check, for Credit on Acct. or for Merchandise as you please.

DO IT NOW

and give us with it as big an order as your needs justify. The Morning is yours, it's burning and fingers, it's Want to get rid of it!

Any Clinic now not a corporation bond-holder will find all details in the January Clinic — See colored insert.

Dr. W. O. Abbott or write Raymond — Chicago.

(See Over for Application Blank)

Put Five Grains of Phenalgin Dry on the Tongue

and

Follow with a Swallow of Water

PHENALGIN IS THE MOST SATISFACTORY EXPECTORANT KNOWN

It relieves Irritation, Congestion, Catarrhal or Rheumatic Pains.
It is Warming, Stimulating and an Eliminant.
Combined with Quinine 2½ grains each in one capsule.
given every four hours,

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For cash or on time as you please; what you want as you want it

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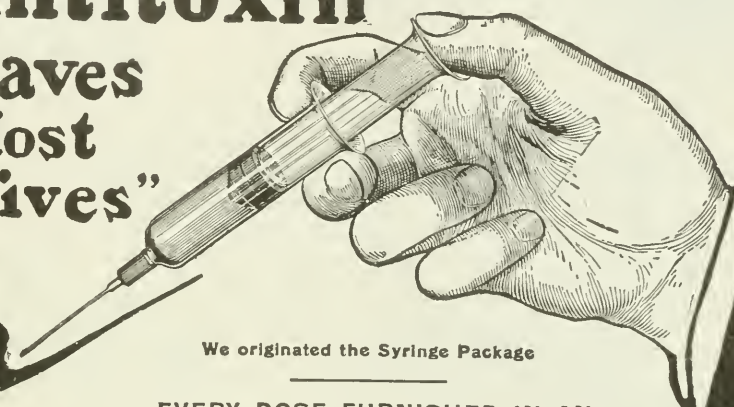
NOTE.—Bonds will be issued to begin earning at the quarterly dividend period nearest to that, by months, on which full payment for one or more bonds is made or completed, and will share, during the remainder of the series, pro rata. W. C. A.

Signed .....

Town ..... *State* .....

For convenience in accounting we suggest taking even hundreds

Mulford's Antitoxin "Saves Most Lives"



We originated the Syringe Package

EVERY DOSE FURNISHED IN AN

Aseptic Glass Syringe

READY FOR INSTANT USE

THE barrel of the syringe contains the Antitoxin. All possibility of infection through an imperfectly-sterilized syringe is eliminated and all uncertainty in the working of the ordinary piston syringe is overcome.

Mulford's serum-syringe is used as indicated in the illustration. The rubber plug not only serves to retain the serum in the barrel of the syringe but also acts as a washer when the plunger is pressed against it to expel the Antitoxin. Rubber is used for making the plug for the same reason that the exacting surgeon uses rubber gloves—to insure absolute asepsis.

Mulford's serum-syringe is supplied with finger-rests that permit injecting the serum with one hand, allowing the use of a free hand for controlling the patient.

The sterile rubber tube is used for connecting the needle to the syringe to prevent tearing the flesh of the patient or breaking the point of the syringe should the patient struggle during the injection of the serum.

The entire package, with needle and plunger, is carefully sterilized in the laboratory before the syringe is filled.

At every stage in the preparation and administration of Mulford's Antitoxin is perfect asepsis insured. Air never comes in contact with the serum. Contamination is prevented; injection of air is impossible.

Report from the Minneapolis City Hospital

"We have had during the year (ending December 31st) 170 cases of diphtheria with two deaths, these being in a moribund condition when brought in the hospital. Such results have been obtained by a very liberal use of Antitoxin.

"We believe it is economy to be liberal in the use of Antitoxin, as the disease is thereby shortened—the saving of life is, however, the best reason."

In this series of cases Mulford's Antitoxin was Used Exclusively

Literature Upon Request

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"Mulford's Antitoxin always exchangeable. Prevents an uncertain or out-dated serum being used: ensures a reliable product"

ARE WE FLATTERED BY OUR IMITATORS?

THAT depends, since there are imitators and imitators. Those who merely copy our business methods give no offense. There are others, however who pirate our preparations, simulating the style of our packages and the names by which these specialties are known and prescribed.

The wonderful sucess of **Unguentine** has made it a target for imitation. Inferior ointments, bearing names formed by adding the ever-ready "**Ine**" to some synonym of the word **Unguent,** have been marketed in some cases for substitution on prescriptions for the original and genuine. The names of other preparations originated by us have been ingeniously twisted by changing a few letters or by transposing the final syllables, with the evident purpose of deceiving the prescriber.

These imitations, lacking the peculiar therapeutic qualities of the remedies originated by us, have limited sale on their merits. When they are substituted for the genuine preparations originated by us, it is to the detriment of the physician's reputation and the patients' welfare. We therefore feel justified in requesting the medical profession, when prescribing

UNGUENTINE
or CAPS-IC-OL

or other of our specialties, to guard against this form of substitution by specifying on their prescriptions, "N. P. Co." When purchasing supplies for office use, kindly see that our name appears on the label. In this way, our friends who know from experience the superior merit of our specialties, may be assured of getting exactly what they intend for their patients.

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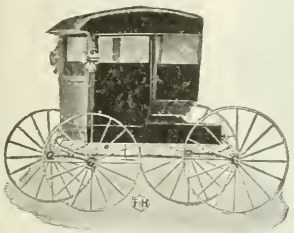
MONEY IS NOTHING IN COMPARISON WITH HEALTH

The Cozy Cab. Light and Inexpensive



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Storm Proof Buggy

to your equipage, and go in comfort

GET CATALOGUE "E"

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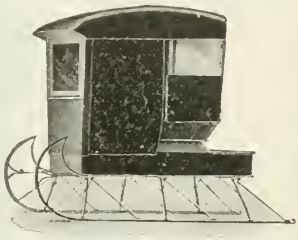
The Snow Bird. Snug and Warm.



Nokomis, Ill., May 27, 1905.

Fouts & Hunter.
Terre Haute, Ind.

DEAR SIRS:—I have used your Storm King Buggy sufficient length of time to feel assured that no physician can afford to do without it. I think if I had owned one twenty years ago that many years would have been added to my life. It is a model of convenience and comfort.

Very truly yours, T. J. WHITTEN, M. D.

NEW IMPROVED Physician's BUGGY LAMP

IT is the only perfect one.
IT throws all the light straight ahead over 100 feet.
IT looks like a locomotive headlight.
IT gives a clear white light.
IT burns kerosene (Coal Oil)
IT has an improved aluminum reflector which is easily removable for cleaning.

Special Offer. **It will not blow nor jar out**

CUT THIS ADVERTISEMENT OUT and send it to us and we will send book describing our lamp, and will agree to send you one single lamp or a pair at our wholesale price (very much less than the retail price).

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ESTABLISHED 1840.

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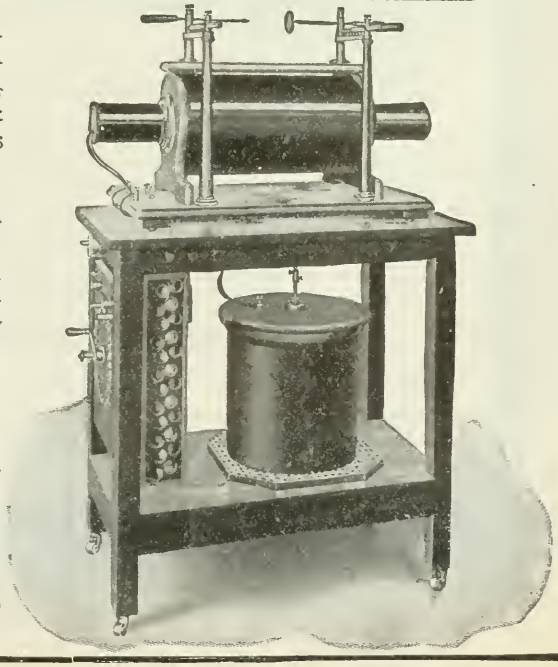
THE XXX COIL

Do you know, doctor, that a physician who has this equipment to give X-Ray treatment and to make Radiographs, can easily double his practice in a short while? He is sought both by physicians and patients for miles around.

This cut shows our X-Ray Outfits, guaranteed to work satisfactorily and economically on direct or alternating current. In use in two of the large hospitals in Chicago, and by the most noted practitioners. Complete as shown. Ready for service.

12-Inch Spark Outfit, $150.00
15-Inch " " 200.00



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WM. MEYER & CO.

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EFFERVESCENT
SALINE LAXATIVE
Chemically pure magnesium sulphate in effervescent combination
An Ideal Refrigerant
Anti-Ferment, Anti-Acid
Laxative or Cathartic
According to Dose and Condition
IT NEVER GRIPES
THE ABBOTT ALKALOIDAL CO.
Manufacturing Chemists
Keep closely stoppered and, if possible in a dry cool place.
Keep closely stoppered and, if possible in a dry cool place.

ABBOTT'S SALINE LAXATIVE

(Granular, Effervescent, Magnesium Sulphate Comp.)

Chemically pure dehydrated magnesium sulphate, in effervescent combination with true tartaric acid, sodium bicarbonate and sugar, is one of the pleasantest and most efficient laxatives or cathartics, according to dose given, and one of the best cellular eliminants known to medicine.

It is absolutely non-irritating, pleasant to take, promptly efficient and never gripes. A thoughtful moment must demonstrate to any physician the great utility of this preparation and determine him, if he has not already done so, to introduce it in his practice.

A heaping teaspoonful in a glass of room-warm water before breakfast, for a few mornings, is all that will be required for a convincing demonstration, and we will gladly send samples to interested physicians on request.

Thousands of testimonials might be given from physicians expressing their appreciation of the preparation, but the fact that it is consumed literally by the ton (an average of over six tons per month for the past year) should be conclusive proof that it meets with professional favor; and, if it pleases others, why not you?

"Abbott's Saline Laxative" may be obtained of your jobber; of your retailer on prescription; or direct from our laboratories. Prescription price 50c. Per dozen, $4.00.

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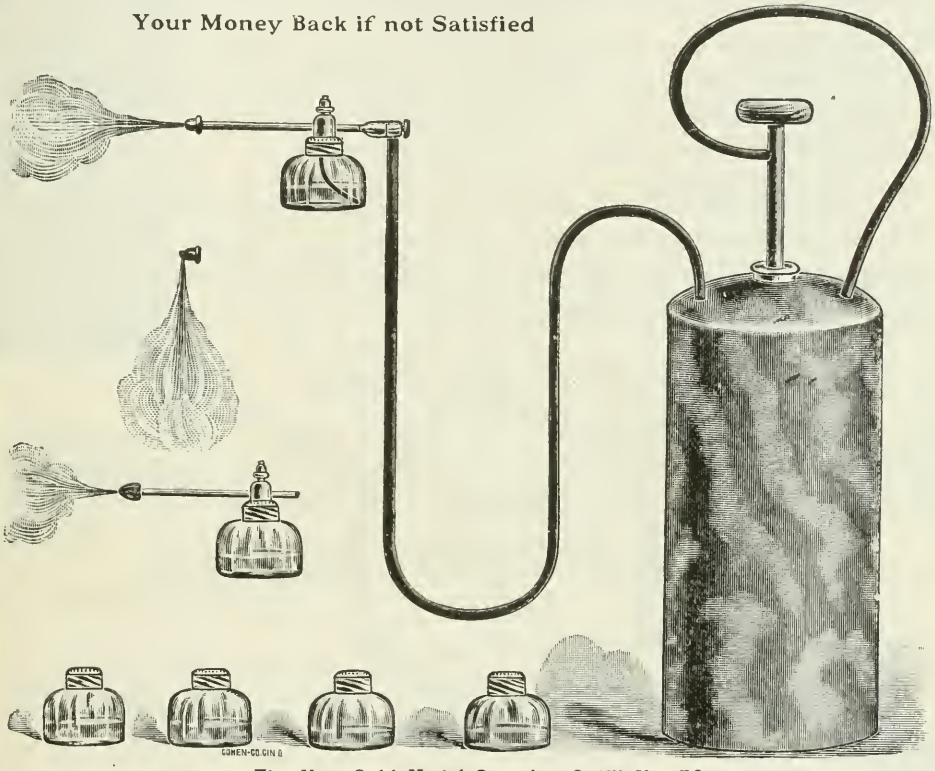
Your Money Back if not Satisfied



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Highest Award at the World's Fair, St. Louis, 1904.

In this apparatus we have succeeded in producing a thoroughly practical and efficient office outfit at a very low price. Physicians who are using it, all agree that it is easier to operate than any other that has ever been offered to the medical profession, and that for practical utility it is superior to the outfits usually sold at $17 to $35.

The Outfit consists of an air receiver and condenser, 6x14 inches, finished in oxidized copper, air-condensing pump, black rubber tubing, automatic cut-off, one atomizer, one nebulizer, and four extra bottles with screw caps. The atomizer has a plain straight tip, and an extra universal tip that can be adjusted to spray in any direction for the posterior nares, larynx, tonsils, etc. The extra bottles fit the nebulizer as well as the atomizer.

OPERATED WITHOUT RISING FROM YOUR CHAIR. The tank can be placed by the side of your chair, so that after giving a treatment you can re-charge the tank while sitting in a comfortable position and without any violent exertion, such as other pumps require.

PRESSURE OBTAINED IN 15 SECONDS. By working the plunger moderately with one hand for 15 to 30 seconds, you get enough air pressure to give one thorough treatment with the atomizer. You can get as high a pressure working this pump with one hand sitting in your chair as you can get with an ordinary pump working with both hands and both feet.

NO VALVES TO OPEN OR CLOSE. When you want additional pressure you have only to take a few strokes on the plunger. The valve closes automatically to retain the pressure when you stop pumping.

DO NOT WRESTLE WITH AN OLD BACK-BREAKING PUMP when you can get this outfit for the merely nominal price of, $5.50. Read our great offer to subscribers for the International Journal of Therapy.

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Do not confound Calcium Iodized---Calx Iodata, or Calcidin, Abbott, as you may be pleased to call it, with practically inert Calcium Iodide. This is quite another thing. Calcium Iodized is efficient in croup, true and false, and allied affections; as an abortive for LA GRIPPE, head colds, catarrhal bronchitis, hoarseness; as a resolvent in incipient phthsis, etc. It is also highly useful in fibroid tumors and other hyperplasias.

CALCIUM IODIZED, Calcidin, Abbott, liberates more available iodine with less irritation than any othet known preparation, therefore it is unquestionably the best form in which this invaluable remedy can be used. Preferable to potassium iodide in syphilis, struma, etc.

STYLE AND PRICE

One-third grain tablets, bottles of 100, 50 cents. Two-grain tablets, bottles of 100, 50 cents. Five-grain capsules, per bottle of 50, 50 cents. Per dozen, either style or assorted, $5.00. Delivery prepaid for cash with order.

Three bottles, either kind or assorted, once only and post paid to any physician as "samples" on receipt of one dollar

WHAT USERS SAY:

I am doing great work with Calcidin in treating grippe and bronchial troubles, and one man of 75 says it is curing him of rheumatism as well as grippe.

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——, Mich.

I have been using Iodized Calcium (Abbott) nearly a year and with great success in croup, asthma and nearly all throat affections even in diphtheria. After cleaning out the system with a laxative, if Calcidin is given, it is surprising what a mild case we get. I used it in a case of diphtheria in a boy six years old. It started in to be a bad case, but the little fellow came out all right.

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I have excellent results from the use of Iodized Calcium (Calcidin) in croup. I believe it to be a specific. Have also had good results in acute bronchitis in children.

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I find Calcium Iodized (Calcidin) an excellent remedy in all catarrhal conditions of throat and lungs and an excellent remedy in scrofulous adentis, etc. The only case of genuine membranous croup in a baby that I have ever seen get well under this treatment.

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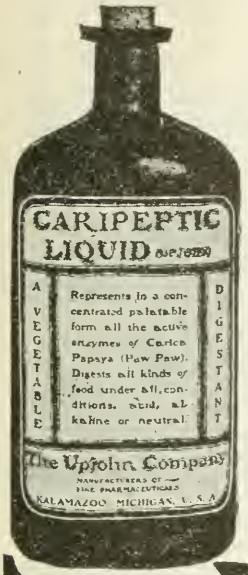
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A VEGETABLE
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Caripeptic Liquid (Upjohn)

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A vegetable digestant of the highest efficiency. It represents in a palatable, permanent solution the purified, active, proteolytic, rennet and amyloytic ferments of carica papaya (Pa-paw).

Efficacious as a prophylactic or a corrective.

It digests all kinds of food under all conditions, either acid, alkaline or neutral. It is also an excellent intestinal antiseptic.

You cannot possibly make a mistake, and you'll be sure to find yourself in good company if you remember

Caripeptic Liquid (Upjohn)

and prescribe it for your next chronic dyspeptic.

CLINICAL RESULTS COUNT

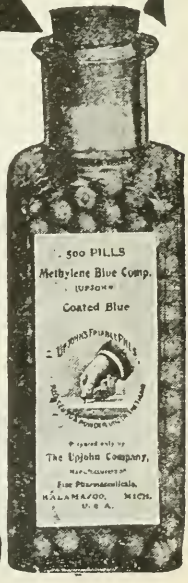
Pill Methylene Blue Compound (Upjohn)

Antiseptic Anti-Gonorrheal Diruetic, Resolvent gives uniformally good results.

That's the story in a nut shell. Details only emphasize the field of its usefulness.

Especially where the odds are against the physician and results are likely to be disastrous in those neglected chronic cases of Gonorrhoea, Gleet, Cystitis or a similar condition of the Genito urinary tract.

Methlene Blue (tetramethyl-thronine hydrochlorate) is not to be confounded with the ordinary Methylene Blue of the markets, and great care should be taken not to have dispensed on prescriptions Methyl Blue, the toxic effects of which have been frequently observed as a result of error in dispensing one drug for the other.



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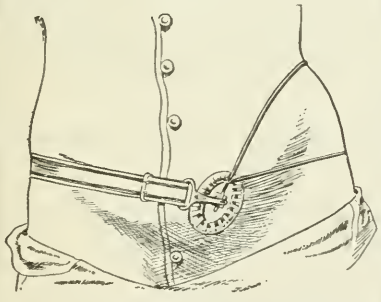

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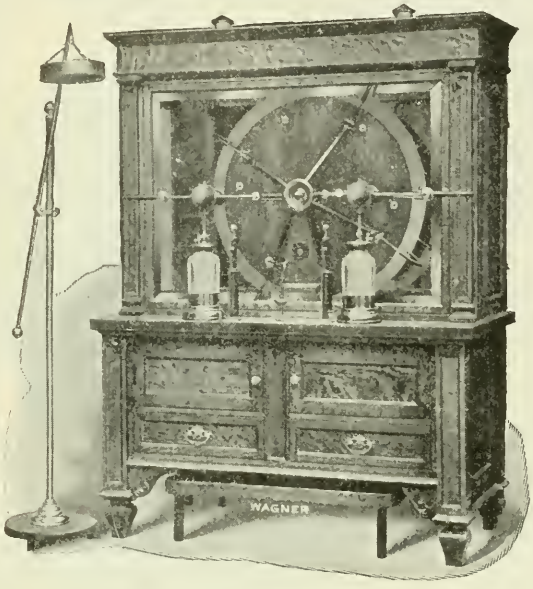

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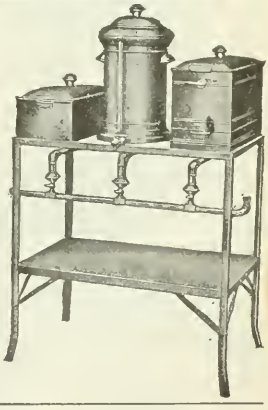

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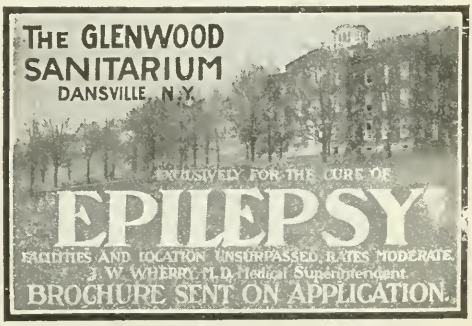

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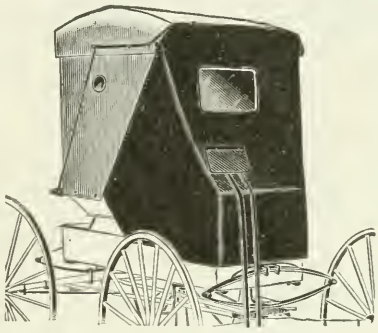

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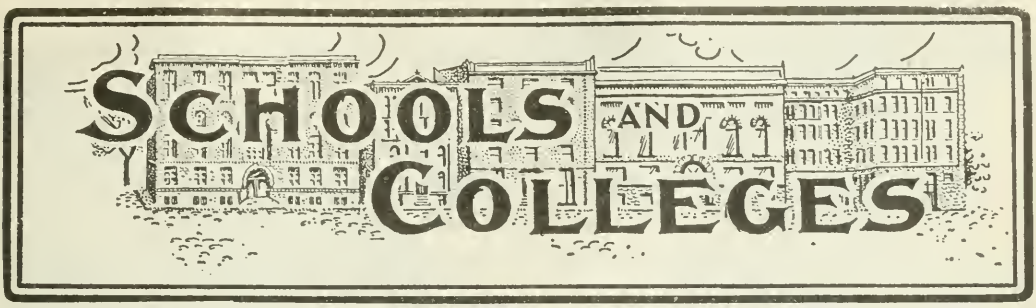

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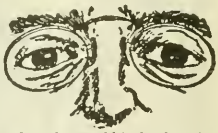

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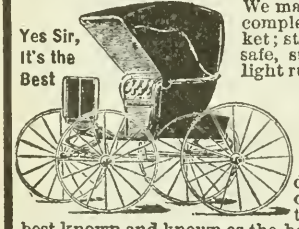

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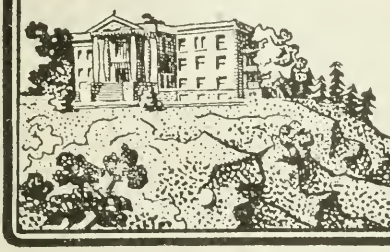

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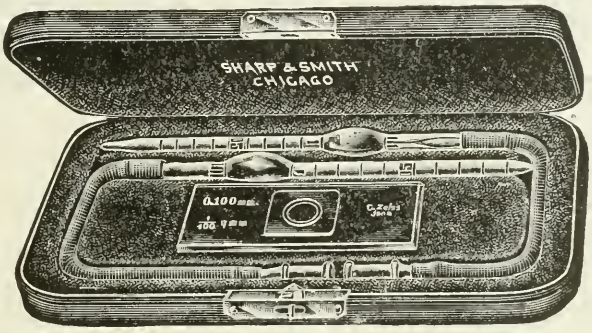

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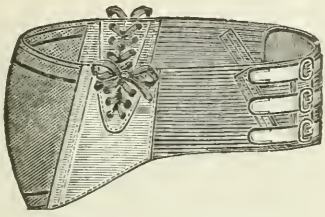

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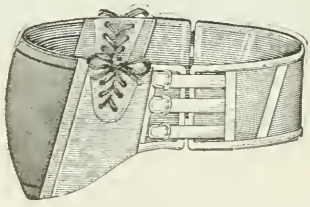

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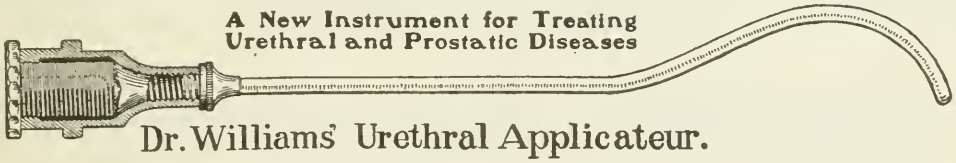

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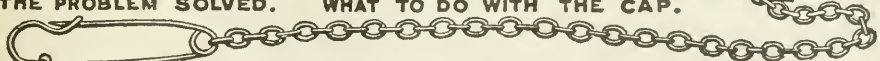

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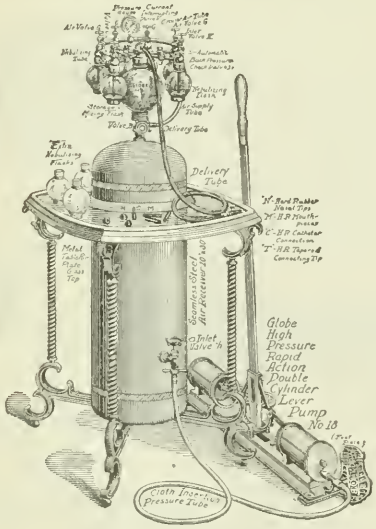

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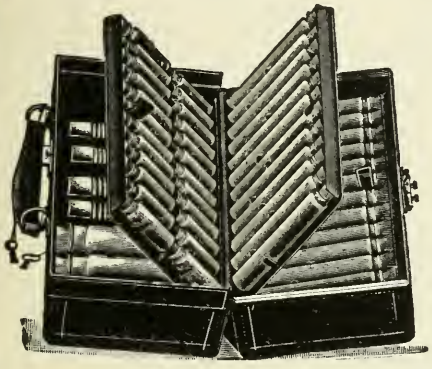

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